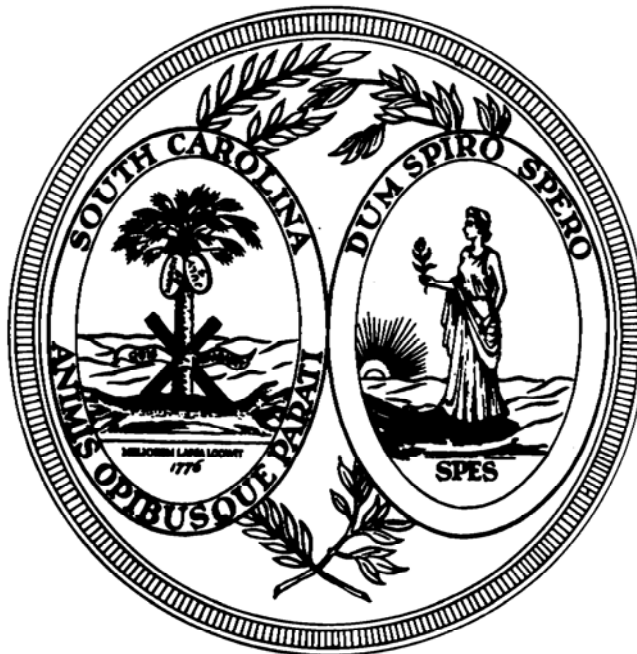




Regulation Number 61-103

Standards for Licensing Residential Treatment Facilities for Children and Adolescents



Promulgated by the Board of Health and Environmental Control

Administered by the Division of Health Licensing

Including Changes

Published in the *State Register*, Volume 15, Issue 4, April 26, 1991

This is a courtesy copy of Regulation R61-103

The official document is on record in the *State Register* and the S.C. Code Ann. (2002). This regulation is provided by DHEC for the convenience of the public. Every effort has been made to ensure its accuracy; however, it is not the official text. DHEC reserves the right to withdraw or correct this text if deviations from the official text as published in the *State Register* are found.

**STATE OF SOUTH CAROLINA
DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL
EMERGENCY ORDER**

WHEREAS, hospitals, nursing homes, and other residential care facilities subject to regulation pursuant to SC Code Ann. §44-7-20 *et seq.* and regulations promulgated pursuant thereto are required to prepare and maintain Emergency Evacuation Plans; and

WHEREAS healthcare facility plans must make adequate provisions for:

- (1) Coordinating with sheltering facilities that will receive patients from evacuation areas, so that sheltering facilities named in evacuation plans are aware of that designation and prepared to receive additional patients;
- (2) Demonstrating the capability for transporting residents and patients to sheltering facilities;
- (3) Planning for relocating staff or providing staff at the sheltering facilities;

WHEREAS there is a substantial potential that one or more hurricanes will threaten the South Carolina coast during a hurricane season; and

WHEREAS the identified deficiencies in facility evacuation plans must be corrected promptly;

NOW THEREFORE,

IT IS ORDERED, pursuant to SC Code Ann. §44-1-140 that, in addition to the requirements of Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 207; Regulation 61-17, Standards for Licensing Nursing homes, Section B.8.; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1401; Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B.(8); and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section J.6.a.; Regulation 61-78, Standards for Licensing Hospices, Section 1701; and Regulation 61-93, Standards for Licensing Facilities that Treat Individuals for Psychoactive Substance Abuse or Dependence, Section 1502, each facility subject to one or more of the foregoing regulations shall prepare an Emergency Evacuation Plan that conforms to the following requirements:

- (1) (a) A Sheltering Plan for an alternate location to house patients or residents. This Plan shall include: full provision for at least the number of licensed resident or patients beds at that facility; the name, address and phone number of the Sheltering Facility (or Facilities) to which the patients or residents will be relocated during an emergency; a Letter of Agreement signed by an authorized representative of each Sheltering Facility which must include: the number of relocated patients or residents that can be accommodated; sleeping, feeding and medication plans for the relocated patients or residents; and provisions for accommodating relocated staff. The Letter of Agreement must be updated annually and whenever significant changes occur. For those facilities located in Beaufort, Charleston, Colleton, Horry, Jasper and Georgetown Counties, at least one Sheltering Facility must be located in a county other than the six named counties.

(b) In the event a hospital or nursing home is located in an area subject to an order of evacuation and current data from the Army Corps of Engineers indicates the facility will not be affected by the storm surge, the following information must be current and on file with the Department before the facility can be considered for exemption from the mandatory evacuation order:

- (i) A **Critical Data Sheet** must be complete and on file with the Department of Health and Environmental Control which certifies the following:
 - Emergency power supply is available for a minimum of 72 hours;
 - A 72 hour medical supply is available on site;
 - A 72 hour supply of food and water is on site.

The **Critical Data Sheet** website for entering information is located at <http://scangis.dhec.sc.gov/cdatasheet/login.aspx>


- (ii) Adequate staff must be available and on duty to provide continual care for the residents
 - (iii) An engineer's report concerning the wind load the facility should withstand must be on file with the Department;
 - (iv) The facility must request an exemption from the evacuation order from DHEC's Health Licensing Division.
- (2) A Transportation Plan for relocating the patients or residents. The Transportation Plan must include the number and type of vehicles required; how and when they will be obtained; who (by name or organization) will provide drivers; procedures for providing medical support and medications during relocation; the estimated time to accomplish the relocation; and the primary and secondary route to be taken to the sheltering Facility.
- (3) A Staffing Plan for the relocated patients or residents. The Staffing Plan must outline in detail how care will be provided to the relocated patients or residents, including the number and type of staff. If staffing will be provided by the Sheltering Facility, the Staffing Plan must be co-signed by an authorized representative of the Sheltering Facility. If staffing will be provided by the relocating facility, plans for relocating staff or assuring transportation to the Sheltering Facility (Facilities) must be provided.

IT IS FURTHER ORDERED that each facility shall communicate and coordinate with local Emergency Preparedness Divisions in the development and implementation of the Emergency Evacuation Plans.

IT IS FURTHER ORDERED each facility shall certify to DHEC no later than June 1 of each year that the Emergency Evacuation Plan contains a Sheltering Plan, Transportation Plan, and Staffing Plan complying with the terms of this Order, and shall submit to DHEC the name(s) of the Sheltering Facility (Facilities). A copy of this Order shall be provided to each facility.

AND IT IS SO ORDERED.

8-30-04
Date


C. Earl Hunter
Commissioner



DIVISION OF HEALTH LICENSING REGULATIONS

Provider-Wide Exceptions


In the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of the patients, residents, and participants cared for in South Carolina licensed facilities, it has been determined that alternative standards will be considered as acceptable. A Provider-Wide Exception (PWE) is the tool that is used to achieve a working relationship between the facility and their regulators. This section may also contain Position Statements that give guidance or interpretations of the regulation.

Note: Some Provider-Wide Exceptions pre-date the publishing dates of specific Regulations established by the *State Register* and may no longer be in effect. In these instances, if there is a conflict between a PWE that pre-dates the publishing date of the regulation, the standard in the regulation shall supercede the PWE.

January 24, 1997

MEMORANDUM

TO: Administrators of Licensed Health Care Facilities

FROM: 
Alan Samuels, Director
Division of Health Licensing

SUBJECT: Provider-Wide Exception

Various regulations published by this Division address distances from entrance doors to private/semi-private rooms along the line of travel to the nearest exit. These distances vary based upon whether a building is sprinklered. A table within the Standard Building Code indicates the distances which are appropriate for various types of facilities.

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health, safety, and welfare of patients cared for by licensed health care facilities, it has been determined that the distances indicated in the Standard Building Code may be utilized as alternate standards and will be considered acceptable.

This standard will be required in the planning/construction phase of the initial licensing procedure.


AS:GM

cc: Division of Health Facilities Construction
Alice Truluck, Customer Service Liaison

January 24, 1997

MEMORANDUM

To: All Licensed Facilities

From: 
Alan Samuels, Director
Division of Health Licensing

Subject: Disaster Shelter

In the event that you provide temporary shelter for evacuees who have been displaced due to a disaster, then for the time of that emergency, it is permissible to temporarily exceed the licensed capacity for your facility in order to accommodate these individuals.

The details of these contingency arrangements should be addressed in your emergency/disaster plan, to include the maximum number of individuals that could be safely and comfortably housed above the licensed capacity of the facility on a temporary basis.

Also, in those instances where evacuees have been relocated to your facility, the Division of Health Licensing must be notified not later than the following work day of those evacuees received.

Should you have any questions, please call us at 803-737-7202.

AS/JML/db



2600 Bull Street
Columbia, SC 29201-1708

July 27, 1998

MEMORANDUM

TO: Administrators, Residential Treatment Facilities for
Children and Adolescents

FROM: Jerry L. Paul, Director
Health Licensing Section

Dennis L. Gibbs for

SUBJECT: Amendment to SC Code Affecting DHEC Standards

Regulation 61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section A(1)(d) defines "child/adolescent." Section 44-7-130 has been amended to expand the age maximum in the definition for certain individuals.

Attached is a copy of the law which became effective on June 8, 1998. Compliance with this law in lieu of the current standard is necessary.

Should you have any questions regarding this change, please call Dennis Gibbs at (803) 737-7370.

JLP./JML

Enclosure

AN ACT TO AMEND SECTION 44-7-130, AS AMENDED, CODE OF LAWS OF SOUTH CAROLINA, 1976, RELATING TO DEFINITIONS IN THE STATE CERTIFICATION OF NEED AND HEALTH FACILITY LICENSURE ACT, SO AS TO REVISE THE DEFINITION OF CHILDREN AND ADOLESCENTS IN NEED OF MENTAL HEALTH TREATMENT TO INCLUDE CHILDREN OR ADOLESCENTS UNDER AGE TWENTY-ONE WHO ARE CLIENTS OF OR COMMITTED TO THE CUSTODY OF AN AGENCY OF THE STATE.

Be it enacted by the General Assembly of the State of South Carolina:

Definition revised

SECTION 1. Section 44-7-130(18) of the 1976 Code, as last amended by Act 670 of 1988, is further amended to read:

"(18) 'Children and adolescents in need of mental health treatment' in a residential treatment facility means a child or adolescent under age eighteen or a child or adolescent under age twenty-one who is a client of, committed to the custody of, or in the legal custody of an agency of the State of South Carolina who manifests a substantial disorder of cognitive or emotional process, which lessens or impairs to a marked degree that child's or adolescent's capacity either to develop or to exercise age-appropriate or age-adequate behavior. The behavior includes, but is not limited to, marked disorders of mood or thought processes, severe difficulties with self-control and judgment including behavior dangerous to self or others, and serious disturbances in the ability to care for and relate to others."

Time effective

SECTION 2. This act takes effect upon approval by the Governor.

Approved the 8th day of June, 1998.



December 7, 1998

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100th calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch
Office of Fire and Life Safety
Office of Certification of Need




2600 Bull Street
Columbia, SC 29201-1708

February 24, 1998

MEMORANDUM

To: Administrators, Intermediate Care Facilities for the Mentally Retarded and Residential Treatment Facilities for Children and Adolescents

From: Jerry L. Paul, Director 
Division of Health Licensing

Subject: Provider-wide Partial Exception to the Requirements of Regulations 61-13 and 61-103 Regarding Verbal Orders for Medication and Treatment.

Regulation 61-13, Standards For Licensing Habilitation Centers For The Mentally Retarded, Section J(2)(a), requires that, "All physician's orders for medication and treatment shall be recorded in the client's record, signed and dated by the physician or the nurse receiving the orders. All orders (including verbal orders) shall be signed and dated by the prescribing physician or his designee within 48 hours." Regulation 61-103, Standards For Licensing Residential Treatment Facilities for Children and Adolescents, Section G(2), requires that, "All clinical records shall contain the orders for medication and treatment written in ink and signed and dated by the prescriber or his designee. All orders, including verbal orders, shall be properly recorded in the clinical record and dated and signed by the prescriber or designee within 48 hours."

In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and welfare of residents cared for in intermediate care facilities for the mentally retarded and residential treatment facilities for children and adolescents licensed in South Carolina, it has been determined that an alternative standard will be considered as acceptable.

All intermediate care facilities for the mentally retarded and residential treatment facilities for children and adolescents will be required to meet the standards outlined in the respective licensing regulations, R61-13, Section J(2)(a), or R61-103, Section G(2), **OR, as an alternative:**

1. A committee, to include representation by a physician treating residents at the facility, a pharmacist, and a designated member of the nursing staff, shall identify and list categories of diagnostic or therapeutic verbal orders associated with any potential hazard to the resident that must be authenticated by the prescriber within a limited time-frame. Schedule II controlled substances must be included on the list. A copy of this list shall be maintained at each nurses' station.

2. The verbal orders designated by the committee as requiring authentication within a limited time-frame shall be countersigned and dated by the prescriber or designee within a time-frame defined in facility policy and procedures, but in no case more than two days after the order was given.

3. All other verbal orders must be countersigned and dated by the prescriber or his designee within 30 days.

This exception applies to any intermediate care facility for the mentally retarded or residential treatment facility for children and adolescents licensed by the Department. It relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department. The standards in R61-13, J(2)(a) and R61-103, G(2), as applicable, or the provider-wide exception, will be enforced during inspections. All other standards in the applicable regulations, R61-13 or 61-103, shall apply unless specifically excepted.

If there are any questions, please contact Dennis Gibbs at 803-737-7370.

JLP/JML/gm

cc: Alice Truluck
J. Randall Lee, SCHCA
Sally James, SCDDSN
Victoria Rinere, SCDMH



2600 Bull Street
Columbia, SC 29201-1708

October 27, 1998

MEMORANDUM

TO: Administrators, Facilities/Activities Licensed by the Department

FROM: Jerry L. Paul, Director 
Health Licensing Section

SUBJECT: Conditions that will allow a Provider-Wide Partial Exception to the Requirements of Regulations 61-84 and 90, and Clarification of Requirements of Regulations 61-13, 16, 17, 75, 77, 78, 91, 93, 97, 102, and 103

Standards outlined in Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 204.B; and Regulation 61-90, Standards for Licensing Chiropractic Facilities, Section 204, require that physical examinations for employees prior to employment be conducted by a physician. This standard has been routinely surveyed during licensing inspections for indications that the physicals have been accomplished and by a physician.

Standards outlined in Regulation 61-13, Standards for Licensing Habilitation Centers for the Mentally Retarded or Persons with Related Conditions, Section B(4)(b); Regulation 61-16, Standards for Licensing Hospitals and Institutional General Infirmaries, Section 204.B; Regulation 61-17, Standards for Licensing Nursing Homes, Section B(4)(b); Regulation 61-75, Standards for Licensing Day Care Facilities for Adults, Section C.5.g; Regulation 61-77, Standards for Licensing Home Health Agencies, Section 301.E; Regulation 61-78, Standards for Licensing Hospices, Section 301.B; Regulation 61-91, Minimum Standards for Licensing Ambulatory Surgical Facilities, Section 305; Regulation 61-93, Standards for Licensing Outpatient Facilities for Chemically Dependent or Addicted Persons, Section 204.B; Regulation 61-97, Standards for Licensing Renal Dialysis Facilities, Section 305; Regulation 61-102, Standards for Licensing Birthing Centers for Deliveries by Midwives, Section C.5.a; and Regulation 61-103, Standards for Licensing Residential Treatment Facilities for Children and Adolescents, Section C(5)(a), require that physical examinations for employees be conducted prior to employment. These standards, however, do not address who will conduct the physical.

In the interest of establishing reasonable standards which do not compromise the health, safety, and well-being of clients/participants/patients/residents receiving care/treatment in the above facilities/activities, it has been determined that an alternative standard will be allowed.

All facilities/activities referred to above must meet either the standards outlined in their respective licensing standards, **OR**, as an alternative:

In order to insure that a new employee is medically capable of performing his/her job duties, a health assessment, to include required tuberculin skin testing, shall be conducted prior to direct client/participant/patient/resident contact by one of the following:

- 1) Medical Doctor or Doctor of Osteopathy;
- 2) Physician's Assistant;
- 3) Nurse Practitioner;
- 4) Registered Nurse, pursuant to standing orders approved by a physician as evidenced by the physician's signature. The standing orders must be reviewed annually, with a copy maintained at the facility/activity.

This exception does not change any other standards not specifically addressed in this memorandum. The standards in the above-referenced sections of the appropriate regulations will be enforced during licensing inspections, as required either by the applicable regulation or this provider-wide exception. This exception applies to any of the above facilities/activities licensed by this Department, and relates solely to South Carolina licensing standards. Any adverse condition(s) that may be related to this exception may result in its revocation by the Department.

Should you have any questions, please call (803) 737-7370.

JLP:GM:

cc:	Alice Truluck, SCDHEC	SC Health Care Association
	Karen Price, Bureau of Certification	SC Home Care Association
	SC Adult Day Services Association	SC Hospital Association
	SC Assoc for Res Care Homes	Hospice for the Carolinas
	SC Board of Nursing	Renal Dialysis Advisory Council
	SCDAODAS	Residential Care Committee
	SC Freestanding Amb Surg Ctr Assoc	SCDDSN
	SCDMH	SCDSS



December 7, 1998

MEMORANDUM

TO: Administrators of Hospitals, Nursing Homes, Chiropractic Facilities, Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded, Residential Treatment Facilities for Children and Adolescents, Ambulatory Surgical Facilities, Day Care Facilities for Adults, Outpatient Facilities for Chemically Dependent or Addicted Persons, and Renal Dialysis Facilities

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Notification of Temporary Facility Closure and Zero Census

If a facility temporarily closes for any reason, e.g., major painting of the facility interior, storm damage, etc., the Department must be given written notice within a reasonable time in advance of closure. This notification must at least include the reason for the temporary closure, where the residents/patients/clients/participants have been/will be transferred, the manner in which the records are being stored, and the anticipated date for re-opening. This office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to its re-opening, as authorized by the regulation governing the licensing and inspection of the facility.

In addition, in instances when there have been no residents/patients/clients/participants in a facility for a period of 90 days or more for any reason, e.g., unable to secure new admissions, experiencing financial difficulties, etc., the facility must notify the Department in writing that there have been no admission, no later than the 100th calendar day following the date of departure of the last active resident/patient/client/participant. At the time of that notification, this office will consider, upon appropriate review of the situation, the necessity to inspect the facility prior to any new and/or re-admissions to the facility, as authorized by the regulation governing the licensing and inspection of the facility.

The above-referenced notices shall be sent to the Health Licensing Section, DHEC, 2600 Bull St. Columbia, SC 29201. A notice may be faxed to 803-737-7212. If there are questions, please call 803-737-7370.

JLP/JML/gm

cc: Certification Branch
Office of Fire and Life Safety
Office of Certification of Need



2600 Bull Street
Columbia, SC 29201-1708

April 19, 1999

MEMORANDUM

TO: Administrators of Ambulatory Surgical Facilities, Chiropractic Facilities, Community Residential Care Facilities, Hospitals and Institutional General Infirmaries, and Residential Treatment Facilities for Children and Adolescents

FROM: Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-91, Ambulatory Surgical Facilities, Section 2501.B; Regulation 61-90, Chiropractic Facilities, Section 1801.B; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 2401.B; Regulation 61-16, Hospitals and Institutional General Infirmaries, Section 2501.B; Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section P(1)(b)

NOTE: This exception replaces a similar exception for community residential care facilities issued by the Department on July 17, 1998.

Regulation 61-91, Section 2501.B, requires that, "Exits shall be placed so that the entrance door of every room and every point in surgical suites, recovery rooms, lounges, dining rooms, etc., shall be not more than 100 feet along the line of travel from the nearest exit. In buildings equipped with automatic sprinklers this distance shall be not more than 150 feet." Regulation 61-90, Section 1801.B and Regulation 61-16, Section 2501.B require that "Exits shall be place so that the entrance door of every private room and sem-private room, and every point in open wards, day rooms, dormitories, dining rooms, et cetera, shall not be more than 100 feet along the line of travel from the nearest exit. In building equipped with automatic sprinklers this distance shall not be more than 150 feet." Regulation 61-84, Section 2401.B requires that "Exits shall be place so that the entrance door of every private room and semiprivate room and every pont shall be not more than 100 feet along the line of travel to the nearest exit." Regulation 61-103, Section P (1)(b) requires that "Exits shall be placed so that the entrance door of every private room and semi-private room shall be not more than 100 feet along the line of travel to the nearest exit."

Page 2
PWE - Exits
April 14, 1999

Having reviewed the most recent Standard Building Code requirements for travel distances for the occupancy categories in the above facilities, it has been determined that the distances indicated in each respective regulation may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All ambulatory surgical facilities, chiropractic facilities, community residential care facilities, hospitals and institutional general infirmaries, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective licensing standard, i.e., R61-91, Section 2501.B, R61-90, Section 1801.B, R61-84, Section 2401.B, R61-16, Section 2501.B; or R61-103, Section P (1)(b), or, as an alternative:

Exits shall be so located that the travel distance to the most remote point in a floor area, room or space to the nearest exit, along the line of travel, shall be no more than the travel distance specified by occupancy type as defined in the Standard Building Code.

NOTE: In facilities that are surveyed for federal reimbursement by the Health Care Finance Administration (HCFA), the maximum travel distance shall be the shortest of the requirements of the Standard Building Code and the Life Safety Code (National Fire Protection Association 101).

These exceptions apply to any ambulatory surgical facility, chiropractic facility, community residential care facility, hospital or institutional general infirmary, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Mr. William Lafferty at (803) 737-7663.

JPL/JML

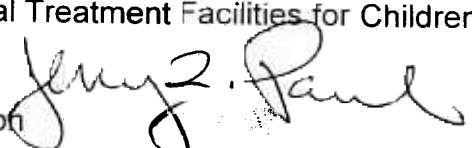
cc: Alice Truluck
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
Ken Schull, SCHA
Ann Geier, FASC
William Lafferty



June 2, 1999

MEMORANDUM

TO: Administrators of Chiropractic Facilities, Community Residential Care Facilities, Habilitation Centers For The Mentally Retarded, Nursing Homes, and Residential Treatment Facilities for Children and Adolescents

FROM: Jerry L. Paul, Director 
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-90, Chiropractic Facilities, Section 906.C; Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 1006.B.3.a; Regulation 61-13, Habilitation Centers For The Mentally Retarded, Section N(2)(b)(1)(a); Regulation 61-17, Standards For Licensing Nursing Homes, Section K(6)(f)(2)(a); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section I(1)(c)(1)(a)

Regulation 61-90, Section 2501.B, requires that, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 140 degrees F. or above)." Regulations 61-84, 61-13, 61-17, and 61-103 require that "all potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

Chapter II, Section B.1 of the DHEC Regulation 61-25, Retail Food Establishments, requires that "The temperature of potentially hazardous food shall be 45 degrees F. (7.2 degrees C.) or below, or **130 degrees F.** (54 degrees C.) or above, at all times except as otherwise provided in this regulation." It has been determined that the 140 degrees F. high range temperature for unsafe food storage indicated in the afore-mentioned regulations may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All chiropractic facilities, community residential care facilities, habilitation centers for the mentally retarded, nursing homes, and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective

Page 2

PWE - Unsafe food temperature

June 2, 1999

licensing standard, i.e., R61-90, Section 906.C, R61-84, Section 1006.B.3.a, R61-13, Section N(2)(b)(1)(a), R61-17, Section K(6)(f)(2)(a); or R61-103, Section I(1)(c)(1)(a), **or, as an alternative:**

For chiropractic facilities, "Food shall be maintained at safe temperatures (cold foods 45 degrees F. or below, hot foods 130 degrees F. or above)." For the other facilities identified, "All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 130 degrees Fahrenheit or above)."

These exceptions apply to any chiropractic facility, community residential care facility, habilitation center for the mentally retarded, nursing home, or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
J. Randall Lee, SCHCA
Louetta Slice, SCNHA
Brad Beasley, SCDDSN
Karen Price, Certification Branch



2600 Bull Street
Columbia, SC 29201-1708

November 12, 1999

MEMORANDUM

TO: Administrators of Community Residential Care Facilities, Intermediate Care Facilities for the Mentally Retarded (15 Beds or Less), and Residential Treatment Facilities for Children and Adolescents

FROM:

Jerry L. Paul, Director
Health Licensing Section

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-84, Standards for Licensing Community Residential Care Facilities, Section 2501.4.C; Regulation 61-13, Standards For Licensing Habilitation Centers For The Mentally Retarded or Persons with Related Conditions, Section V(1)(e)(3); Regulation 61-103, Residential Treatment Facilities for Children and Adolescents, Section Q(1)(C)(3).

The sections in the regulations mentioned above for community residential care facilities, intermediate care facilities for the mentally retarded (15 beds or less), and residential treatment facilities for children and adolescents require that the "Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred forty degrees (140 degrees F.)."

It has been determined that the hot water temperature level as currently required at the pot washing sink, in certain instances, may be excessively restrictive. In the interest of establishing reasonable standards which can be met by providers and yet do not compromise the health and well-being of patients cared for in the above facilities, it has been determined that alternative standards will be considered as acceptable.

Page 2

PWE - Equipment/Utensil Washing Sink Water Temperature

Nov 12, 1999

All community residential care facilities, intermediate care facilities for the mentally retarded (15 beds or less), and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each facility's respective licensing standard, i.e., R61-84, Section 2501.4.C; R61-13, Section V(1)(e)(3); R61-103, Section Q(1)(C)(3)., **or, as an alternative:**

Hot water supplied to the kitchen equipment/utensil washing sink shall be supplied at 120 degrees F. provided all kitchen equipment/utensils are chemically sanitized.

These exceptions apply to any community residential care facility, intermediate care facility for the mentally retarded (15 beds or less), or residential treatment facility for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Gene Chestnut at (803) 737-7220.

JPL/JML

cc: Alice Truluck
Karen Price, Certification Branch
Bill Trawick, SCANPHA
Sandra Lynn, SCARCH
Ken Schull, SCHA
William Lafferty
Brad Beasley, DDSN



2600 Bull Street
Columbia, SC 29201-1708

October 2, 2001

MEMORANDUM

TO: Administrators of Nursing Homes and Residential Treatment Facilities For Children and Adolescents

FROM: Jerry L. Paul, Director
Division of Health Licensing

SUBJECT: Conditions Allowing a Provider-wide Exception to the Requirements of Regulation 61-17, Standards For Licensing Nursing Homes and Regulation 61-103, Standards for Licensing Residential Treatment Facilities For Children and Adolescents

Regulation 61-17, Section B.(7)(g), requires that, "The facility shall have a written transfer agreement with one or more hospitals that provides reasonable assurance that transfer of residents will be made between the hospital and the nursing home . . . The agreement shall be updated to assure that it continues in effect following changes in ownership or administration and at any other time as deemed advisable to maintain or further improve continuity of care." Also, Regulation 61-103, Section C.(6)(a) requires a similar transfer agreement which indicates that "The agreement shall be updated to assure that it continues in effect following changes in administration or ownership, and at any other time deemed advisable to improve continuity of care."

Since the agreements with hospital(s), as referenced above, are between the hospital(s) and the nursing home, or between the hospital(s) and the residential treatment facility for children and adolescents, changes in administration would not affect the validity of the agreement. Therefore, in the interest of establishing reasonable standards that can be met by providers and yet do not compromise the health and well-being of clients served in the above facilities, it has been determined that alternative standards will be considered as acceptable.

All nursing homes and residential treatment facilities for children and adolescents will be required to meet the standard outlined in each respective regulation, i.e., R61-17, Section B.(7)(g), and R61-103, Section C.(6)(a), or, as an alternative these providers may choose to not update agreements with hospitals when there are administration changes, e.g., administrator, executive director.

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PWE - Transfer Agreements
October 2, 2001

This exception applies only to nursing homes and residential treatment facilities for children and adolescents licensed by the Department. It relates solely to SC licensing standards. Any adverse condition(s) that may be related to this exception may result in revocation of the exception by the Department.

If there are any questions, you may call Dennis Gibbs at (803) 545-4370

JPL/jml

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R61-103, STANDARDS FOR LICENSING RESIDENTIAL TREATMENT FACILITIES
FOR CHILDREN AND ADOLESCENTS

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61-103. Residential Treatment Facilities for Children and Adolescents.

A. Definitions and Interpretations

(1) Definitions

For the purpose of these Standards, the following definitions shall apply:

(a) Attic: The term “attic” shall mean the space between the finished ceiling of the top habitable story and roof sheathing or decking.

(b) Automatic Sprinkler System: The term “automatic sprinkler system” shall mean an arrangement of piping and sprinklers to discharge water upon a fire. This system shall be designed to operate automatically by the heat of fire.

(c) Basement: The term “basement” shall mean that portion of the building partly underground but having less than half of its clear height above the average grade of the adjoining ground.

(d) Child/Adolescent: An individual who is at least 1 year of age but not more than 18 years of age.

(e) Department: The South Carolina Department of Health and Environmental Control.

(f) Dietician: A person who is eligible for registration by the American Dietetic Association under its requirements in effect January 17, 1974, or has a baccalaureate degree with major studies in food and nutrition, dietetics or food service management, has one year supervisory experience in dietetic services and participates annually in continuing dietetic education.

(g) Existing Facilities: An “existing facility” is one which was in operation and/or one which began the construction or renovation of a building, for the purpose of operating the facility, prior to the adoption of these Standards. The Licensing Standards governing new facilities apply if and when an existing facility is not continuously operated and licensed under these Standards.

(h) Exit: The term “exit” shall mean the interior or exterior doorways, together with connecting corridors, stairways and fire escapes. These shall be designed to provide safe egress from any area of the building to an area of safety.

(i) Fire-Resistance Rating: The term “fire-resistance rating” shall mean the time, hours or fractions thereof, that materials or their assemblies will resist fire exposure as determined by fire tests conducted in compliance with recognized standards.

(j) First Floor: The term “first floor” shall be that story which is of such height above grade that it does not come within the definition of a basement, or it shall be that story located immediately above a basement.

(k) Licensee: The “licensee” is the individual signing the license application on whom rests or who assumes the primary responsibility for complying with approved Standards for the facility.

(l) Multi-Story: For purposes of these Standards, the term “multi-story” shall mean more than one story.

(m) New Facilities: A “new facility” is one which is constructed for the purpose of operating as a Residential Treatment Facility for Children and Adolescents after promulgation of these regulations.

(n) Resident: Any individual who has been admitted for treatment in a Residential Treatment Facility.

(o) Residential Treatment Facility for Children and Adolescents: A facility operated for the assessment, diagnosis, treatment, and care of two or more children and/or adolescents in need of mental health treatment which provides:

(1) a special education program with a minimum program defined by the South Carolina Department of Education (DOE);

(2) recreational facilities with an organized youth development program; and

(3) residential treatment for a child or adolescent in need of mental health treatment.

(p) Story: The term “story” shall mean that portion of a building included between the upper surface of any floor and the upper surface of the floor next above. For the purpose of these Standards, this definition does not apply to basements.

(2) Interpretations

(a) This regulation does not apply to facilities appropriately licensed by the State Department of Social Services. Such facilities may provide assessment, treatment and care for children and adolescents under the supervision of a mental health professional. Assessment, treatment and care at these facilities have the following characteristics:

(1) Physician input is on a less than regular basis (usually at the request of a non-physician);

(2) Mental health workers may be employed to enhance the therapeutic environment;

(3) Emphasis is placed on the milieu as a protective and nurturing environment.

If there is a question about the applicability of these regulations to a specific facility, representatives of the facility, Department of Social Services and Department of Health and Environmental Control will meet to review the pertinent issues. After review and consideration of the information provided, the Department of Health and Environmental Control will determine if these regulations apply to that facility. This determination is subject to hearings and appeals in accordance with the Administrative Procedures Act.

(b) License: A license is issued by the Department pursuant to these Licensing Standards and shall be posted in a conspicuous place in a public lobby or waiting room. The issuance of a license does not guarantee adequacy of individual care, treatment, personal safety, fire safety, or the well-being of any occupant of a facility. A license is not assignable or transferable and is subject to revocation at any time by the Department for failure to comply with the Laws of the State of South Carolina and regulations promulgated thereunder.

(c) Effective Date and Term of License: A license shall be effective for a 12-month period following the date of issue and shall expire one year following such date; however, a facility which has not been inspected during that year may continue to operate under its existing license until an inspection is made.

(d) Separate Licenses: Separate licenses are required for facilities maintained on separate premises even though they are operated by the same management. Separate licenses are not required for separate buildings on the same or adjoining grounds where a single level or type of care is provided.

(e) Inspections: All facilities to which these requirements apply shall be subject to inspection at any time by properly identified personnel of the Department.

(f) Compliance: An initial license will not be issued to a facility not previously and continuously licensed under these Standards until the licensee has demonstrated that the facility is in substantial compliance with the Licensing Standards set forth hereinafter.

(g) Noncompliance: When noncompliances with the Licensing Standards are detected, the licensee will be notified of the violations and at the same time instructed, or requested to provide information, as to when such items will be corrected.

(h) Exceptions to Licensing Standards: The Department reserves the right to make exceptions to these Standards where it is determined that the health and welfare of the community requires the services of the facility and that the exception, as granted, will have no significant impact on the safety, security or welfare of the facility's occupants.

(3) Penalties

As provided in Section 44-7-320 of the Code, the Department may deny, suspend, or revoke licenses or assess a monetary penalty for violations of provisions of law or departmental regulations. The Department shall exercise discretion in arriving at its decision to take any of these actions. The Department will consider the following factors: specific conditions and their impact or potential impact on health, safety or welfare; efforts by the facility to correct; overall conditions; history of compliance; any other pertinent conditions. The notations, “(I)” or “(II)”, placed within sections of this regulation, indicate those standards whose failure to meet are considered Class I or II violations, respectively. Failure to meet standards not so annotated are considered Class III violations. If a decision is made to assess monetary penalties, the following schedule will be used as a guide to determine the dollar amount.

Frequency of violation of standard within a 24-month period	MONETARY PENALTY RANGES		
	CLASS I	CLASS II	CLASS III
1 st	\$ 200 - \$1000	\$ 100 - \$ 500	\$ 0
2 nd	500 – 2000	200 – 1000	100 - 500
3 rd	1000 – 5000	500 – 2000	200 - 1000
4 th	5000	1000 - 5000	500 – 2000
5 th	5000	5000	1000 - 5000
6 th and more	5000	5000	5000

B. Licensing Procedures

(1) Application

Applicants for a license shall annually file applications under oath with the Department upon prescribed forms. Each applicant shall pay an annual license fee prior to issuance of a license. The annual license fee shall be ten dollars (\$10.00) for each bed. Such fee shall be paid to the Department for deposit into the State Treasury. If the application is denied the fee will be refunded. An application shall be signed by the owner(s), if an individual or partnership; or in the case of a corporation, by two of its officers; or in the case of a governmental unit, by the head of the governmental department having jurisdiction over it. The application shall set forth the full name and address of the facility for which the license is sought and of the owner in case his address is different from that of the facility, the names of the persons in control of the facility and such additional information as the Department may require, including affirmative evidence of ability to comply with reasonable standards, rules and regulations as may be lawfully prescribed.

(2) Requirements for Issuance of License

(a) Upon receipt of an application for a license from a facility never before licensed, a duly appointed representative of the Department shall make an inspection of that facility.

(b) Every building, institution or establishment for which a license has been issued shall be annually inspected for compliance with the regulations of the Department.

(c) When it is determined that the facility is in compliance with the requirements of these Standards, and a properly completed application and licensing fee have been received by the Department, a license shall be issued.

(d) No proposed facility shall be named nor may any existing facility have its name changed to the same or similar name as a facility licensed in the State. If it is part of a "chain operation" it shall then have the area in which it is located as part of its name.

(3) Change of License

A facility shall request issuance of an amended license, by application to the Department, prior to any of the following circumstances:

(a) Change of ownership by purchase or lease.

(b) Change of facility's name or address.

(c) Addition, deletion or replacement of bedrooms or any part thereof.

C. Governing Authority and Management

(1) General

Every facility shall be organized, equipped, manned and administered to provide adequate care for each person admitted.

(2) Governing Authority

The governing board, or the owner, or the person or persons designated by the owner as the governing authority shall be the supreme authority responsible for the management control of the facility and shall develop a written set of bylaws or other appropriate policies and procedures for operation of the facility. These shall: (II)

(a) state the purpose of the facility;

(b) specify by name the person to whom responsibility for operation and maintenance of the facility is delegated and methods established by the governing authority for holding such individual responsible;

(c) provide for at least annual meetings of the governing authority.

(3) Administrator

The chief administrative officer shall be selected by the governing authority and shall have charge of and be responsible for the management and administration of the facility in all its branches and departments and shall see that the bylaws and amendments thereto are complied with. Any change in the position of the chief administrative officer shall be reported immediately by the governing authority to the Department in writing. An individual shall be appointed to act in the absence of the administrator.

(4) Administrative Records

The following essential documents and references shall be on file in the administrative office of the facility:

- (a) appropriate documents showing control and ownership;
- (b) bylaws, policies and procedures of the governing authority;
- (c) minutes of the governing authority meetings if applicable;
- (d) minutes of the facility's professional and administrative staff meetings;
- (e) a current copy of these regulations;
- (f) reports of inspections, reviews, and corrective actions taken related to licensure;
- (g) contracts and agreements related to licensure to which the facility is a party;
and
- (h) a record of each accident or incident occurring in the facility, including medication errors and drug reactions. Incidents resulting in hospitalization or death shall be reported in writing to the Department within 10 days.

(5) Personnel

Qualified personnel shall be employed in sufficient numbers to carry out the functions of the facility. The licensee shall obtain written applications for employment from all employees. Such applications shall contain accurate information as to education, training, experience, health and personal background of each employee. All applications for licensed personnel shall contain the South Carolina license number and/or current renewal number, if applicable. No residential treatment facility shall knowingly employ or retain an individual who has been convicted of having committed a crime of violence, an offense against morality and decency or contributed to the delinquency of a minor. Violent crimes include but are not limited to such offenses as simple assault committed within the last three years; assault and battery; assault and battery of a high and aggravated nature; assault with a deadly weapon; assault with

intent to kill; pointing and presenting a firearm; criminal sexual conduct in the first, second and third degree (rape); all forms of homicide, e.g., murder and manslaughter kidnapping; and arson. Offenses against morality and decency include but are not limited to committing or attempting lewd acts upon a child under fourteen; distribution knowingly of obscene matter to a minor under sixteen; employment or use knowingly of a minor under sixteen to disseminate or promote obscene matter; photographing of a minor for an obscene film or photograph; dissemination of sexually oriented material to minors. Conviction includes the results of a jury trial, guilty plea, plea of no contest or forfeiture of bond in cases of misdemeanor. (II)

(a) All new employees who have contact with residents shall have a physical examination prior to employment, which shall include a tuberculin skin test, unless a previously positive reaction can be documented. The intradermal (Mantoux) method, using five tuberculin units of stabilized purified protein derivative (PPD) is recommended. (II)

(1) Employees with positive reactions to the pre-employment tuberculin test and those who are documented with previously positive reactions shall be given a chest x-ray to determine whether tuberculin disease is present. If tuberculosis is diagnosed, appropriate treatment should be given.

(2) Employees who complete treatment, either for disease or infection, may be exempt from further screening unless they have symptoms of tuberculosis.

(3) Positive reactors who are unable or unwilling to take preventative treatment need not receive an annual chest x-ray. These individuals shall be informed of their lifelong risk of developing and transmitting tuberculosis to individuals in the facility and in the community. They shall be informed of symptoms which may suggest the onset of tuberculosis, and of the procedure to follow in reporting suspect symptoms to a designated member of the facility staff.

(4) Employees with negative tuberculin skin tests shall have an annual tuberculin skin test.

(b) Personnel Records: A personnel record folder shall be maintained for each employee. The folder shall contain history and physicals, laboratory test results, resumes of training and experience, and current job description that reflects the employee's responsibilities and work assignments, orientation and periodic evaluations. (II)

(c) Job Descriptions:

(1) Written job descriptions which adequately describe the duties of every position shall be maintained.

(2) Each job description shall include: position title, authority, specific responsibilities and minimum qualifications.

(3) Job descriptions shall be reviewed at least annually, kept current and given to each employee when assigned to the position and when revised.

(d) Orientation shall be provided to familiarize each new employee with the facility, its policies, and job responsibility.

(e) Continuing education must be provided to all non-clerical employees at least once a year. Inservice training may be provided by qualified facility staff.

(6) Emergencies

(a) Each facility shall have a written transfer agreement with one or more hospitals, or other arrangements approved by the Department, for the transfer of emergency cases when hospitalization becomes necessary. The transfer agreement shall be dated and signed by authorized officials of each facility that is a party to the agreement. The agreement shall be updated to assure that it continues in effect following changes in administration or ownership, and at any other time deemed advisable to improve continuity of care. (l)

(b) Equipment and services shall be provided to render emergency resuscitative and life-support procedures pending transfer to a hospital. This equipment and services shall include at a minimum: (l)

(1) a first aid kit;

(2) one or more staff members on duty at all times who are capable of performing cardiac pulmonary resuscitation, therapy of shock, and hemostasis.

(c) The facility shall enter into a signed written agreement with an ambulance service licensed in this state to ensure the immediate transfer of residents in emergencies, where appropriate, or shall have on file documented evidence that it has attempted in good faith to effect such an agreement. (l)

(7) Client's Rights

The residential treatment facility shall have written policies and procedures to assure the individual client the right to dignity, privacy, and safety. (l)

(8) Planning Goals, Policies and Procedures

Each facility shall have a clear written statement of its purpose and objectives, with a formal, long-range plan adopted to guide and schedule steps leading to attainment of its projected objectives. This plan shall include a specifically delineated description of the

services the facility offers, so that there is a frame of reference for judging the various aspects of the program. The plan shall also include:

- (a) the population to be served, age groups and other limitations;
- (b) the initial screening process;
- (c) the intake or admission process;
- (d) methods for involving family members or significant others in assessment, treatment and follow-up plans;
- (e) an organizational chart with a description of each unit or department and its services, goals, policies and procedures, staffing patterns and its relationship to other services and departments and how these are to contribute to the priorities and goals of the facility;
- (f) a plan for cooperation with other public and private agencies to assure that each child or adolescent under its care will receive comprehensive treatment. Ongoing working arrangement contracts with agencies, such as schools, welfare agencies, etc., shall be included as indicated, as well as regularly planned interagency conferences.

These shall be documented:

- (g) ways in which the facility carries out any community education consultation programs; and
- (h) ways which the facility provides or makes arrangements for:
 - (1) other medical, dental, special assessment and therapeutic services. This shall be in the plan for clinical services;
 - (2) emergency services and crisis intervention;
 - (3) educational services for all residents; and
 - (4) discharge and follow-up care and evaluation.

(9) Visitors

Policies shall allow visitation of resident's family and significant others unless clinically contraindicated and documented in resident's records. Appropriate places for visits shall be provided.

(10) Telephone and Mail

Residents shall be allowed to conduct private telephone conversations with family and friends and to send and receive mail. When restrictions are necessary because of therapeutic or practical reasons, such as expense, these reasons shall be documented, explained to the patient and family and re-evaluated at least monthly.

(11) Discipline

Discipline shall be fair and consistent and must be administered based on the individual's needs and treatment plan. Discipline shall not include corporal punishment.

D. Admission and Intake

(1) Admission Policies and Procedures

(a) Admission shall be in keeping with stated policies of the residential treatment facility and shall be limited to those persons for whom the residential treatment facility is qualified by staff, program and equipment to give adequate care. (II)

(b) The admission procedure shall include documentation concerning: (II)

(1) consent for admission and treatment;

(2) proof of legal guardianship status;

(3) responsibility for medical and dental care, including consent for medical, surgical and dental care and treatment;

(4) arrangements for appropriate family participation in the program, communications, contact and visits when indicated;

(5) arrangements for clothing, allowances and gifts;

(6) arrangements regarding the resident's leaving the center with or without medical or multidisciplinary clinical staff's consent;

(7) responsibility for financial support.

(c) Acceptance of a child or adolescent for continuing residential treatment shall be based on a documented assessment which shall be clearly explained to the resident and the family. Whether the family/guardian voluntarily requested services or the resident was referred by the court or other agency, the residential treatment center shall involve the family's participation to the fullest extent possible. Discharge planning is begun at the time of admission and intake. (II)

(d) Acceptance of the child or adolescent for treatment shall be based on the determination by a licensed physician, preferably psychiatrist, that the child or adolescent does not need acute psychiatric hospitalization, but does need treatment of a comprehensive and intensive nature and is likely to benefit by the programs that the residential treatment center has to offer. This determination shall be documented and reviewed by the physician and treatment team at least monthly. (II)

(e) Staff members who will be working with the resident, but who did not participate in the initial assessment, shall be oriented regarding the resident prior to meeting the resident. When the resident is to be assigned to a group, the other residents in the group shall be prepared for the arrival of the new member. There shall be a staff member(s) assigned to the new resident to observe him and help him with the unit orientation period. (II)

(2) Assessment and Treatment Planning

The facility must describe the treatment modalities it provides, including content, methods, equipment and personnel involved. Each treatment program must conform to the stated purpose and objectives of the agency. (II)

(a) Assessment:

(1) The residential treatment facility is responsible for a complete assessment of the resident, some of which may be required just prior to admission, by reliable professionals acceptable to the facility's staff. The complete assessment shall include, but is not limited to:

(a) Physical:

- (1) complete medical history;
- (2) general physical; examinations;
- (3) neurological screening;

(Note: subparagraphs 1, 2 and 3 must be done within thirty (30) days prior to admission with an update addendum on admission or within ninety-six (96) hours after admission.)

- (4) motor development and functioning;
- (5) dental screening;
- (6) speech, hearing and language screening;
- (7) vision screening;

(8) review of immunization status and completion according to the current requirements of the S.C. Department of Health and Environmental Control and Department of Education.

(9) laboratory work-up including routine blood work and urinalysis;

(10) Tuberculosis screening.

(Note: If any of the physical health assessments indicate the need for further testing or definitive treatment, arrangement shall be made to carry out or obtain the necessary evaluations and/or treatment by appropriately qualified and/or trained clinicians, and plans for these treatments shall be coordinated with the resident's overall treatment plan.)

(b) Psychiatric/Psychological:

(1) The assessment includes direct evaluation and behavioral appraisal, evaluation of sensory, motor functioning, a mental status examination appropriate to the age of the resident and a psychodynamic appraisal. A history of any previous treatment for mental, emotional or behavioral disturbances shall be obtained, including the nature, duration and results of the treatment, and the reason for termination.

(2) The psychological assessment includes appropriate testing.

(c) Developmental and Social:

(1) The developmental history of the resident includes the prenatal period and from birth until present, the rate of progress, developmental milestones, developmental problems, and past experiences that may have affected the development. The assessment shall include an evaluation of the resident's strengths as well as problems. Consideration shall be given to the healthy developmental aspects of the resident, as well as to the pathological aspects, and the effects that each has on the other. There shall be an assessment of the resident's current age-appropriate developmental needs, which shall include a detailed appraisal of his peer and group relationships and activities.

(2) The Social Assessment: The social assessment includes evaluation of the resident's relationships within the structure of the family and with the community at large, and evaluation of the characteristics of the social, peer group, and institutional settings from which the resident comes. Consideration shall be given to the resident's family circumstances, including the constellation of the family group, their current living situation, and all social, religious, ethnic, cultural, financial, emotional and health factors. Other factors that shall be considered are past events and current problems that have affected the resident and family; potentialities of the family's members meeting the resident's needs; and their accessibility to help in the treatment and rehabilitation of the

resident. The expectations of the family regarding the resident's treatment, the degree to which they expect to be involved, and their expectations as to the length of time and type of treatment required shall be assessed.

(d) Nursing: The nursing screening includes, but is not limited to the evaluation of:

- (1) self-care capabilities including bathing, sleeping, eating;
- (2) hygienic practices such as routine dental and physical care and establishment of healthy toilet habits;
- (3) nutritional habits including a balanced diet and appropriate fluid and caloric intake;
- (4) responses to physical diseases such as acceptance by the resident of a chronic illness as manifested by his compliance with prescribed treatment;
- (5) responses to physical handicaps such as the use of prosthesis or coping patterns used by the visually handicapped;
- (6) responses to medications such as allergies or dependence.

(e) Educational/Vocational: The resident's current educational/vocational potential shall be evaluated using, as indicated, specific educational testing and special educators or others.

(f) Recreational: The resident's work and play experiences, activities, interests and skills shall be evaluated in relation to planning appropriate recreational activities.

(b) Treatment Planning: An initial treatment plan shall be formulated, written and interpreted to the staff and resident within 72 hours of admission. The comprehensive treatment plan shall be formulated for each resident by a multidisciplinary staff, written and placed in his records within 14 days of admission. This plan must be reviewed at least every 90 days, or more frequently if the objectives of the program indicate. Review shall be noted in the record. A psychiatrist as well as multidisciplinary professional staff must participate in the preparation of the plan and any major revisions.

(1) The initial treatment plan shall be based on screening, assessment, and include reasons for admission, significant problems and approaches to the resident.

(2) It shall reflect the consideration of the age and developmental-appropriate needs for motor discharge of tension; social and intellectual stimulation; educational, vocational and recreational activities; developing a sense of confidence, individuality and self-esteem; and establishing appropriate skills for living within the community.

(3) The comprehensive treatment plan shall be based on the assessment and shall include clinical consideration of the physical, developmental, psychological, chronological age, family, educational, social and recreational needs. The reason for admission shall be specified as should specific treatment goals, stated in measurable terms, including a projected time frame; treatment modalities to be used; staff who are responsible for coordinating and carrying out the treatment; and expected length of stay and appropriate aftercare planning.

(4) Collaboration with resources and significant others shall be included in treatment planning, when appropriate.

(5) Procedures that place the resident at physical risk or pain shall require special justification. The rationale for their use shall be clearly set forth in the treatment plan and shall reflect the prior involvement and specific review of the treatment plan by a child psychiatrist. When potentially hazardous procedures or modalities, such as seclusion, and/or restraint, are contemplated for treatment, there shall be additional policies governing their use to protect the rights and safety of the resident. The facility shall have specific written policies and procedures governing the use of these modalities. Policies and procedures shall insure that:

(a) Lobotomies or other surgical procedures for intervention or alterations of a mental, emotional or behavioral disorder shall not be performed in the residential treatment facility.

(b) Electroconvulsive therapy or other forms of convulsive therapy shall not be administered in the residential treatment facility.

E. Problem Management

The facility must have current written policies and procedures for using seclusion or any form of restraint. Seclusion or other forms of restraint must not be used for staff convenience or as a substitute for treatment. (I)

(1) Restraining Measures

All staff working directly with residents must be trained in crisis management and the appropriate use of restraining measures. No staff may use personal restraint or apply protective devices or mechanical restraints unless trained to perform these procedures safely. The training must be documented in the staff's records. (I)

(2) Protective Devices

Protective devices may be used to prevent a resident from injuring or mutilating himself or others. A physician must give signed written authorization for their use. (I)

(a) Use of protective devices must be documented in the resident's record.

(b) Use of protective devices must be evaluated as part of the regular review of the treatment plan.

(3) Mechanical Restraint

(a) Mechanical restraint may be used only with a physician's signed written authorization to prevent the resident from injuring himself or others. Verbal authorization must be noted. The physician must review and sign the verbal authorization within 24 hours. (l)

(b) The physician's instructions, including verbal instructions, must be followed and must include: (l)

(1) the reason for use of mechanical restraint;

(2) the type of restraint that may be used;

(3) the maximum time the restraint may be used;

(4) instructions for observing the resident while in restraint if different from the facility's written procedures.

(c) Residents placed in mechanical restraint must be: (l)

(1) checked for adequate circulation and comfortable position at least every 15 minutes;

(2) given medications as prescribed, unless otherwise ordered by the physician;

(3) given an opportunity for motion and exercise for no less than 5 minutes during each two hours the resident is in mechanical restraint;

(4) given bathroom privileges at least every 2 hours;

(5) offered fluids at least every 2 hours;

(6) given the opportunity for nourishment if desired, or at regularly scheduled meal times.

(d) The use of mechanical restraint must be documented in the resident's record. Documentation must include the date and time implemented, length of time restrained, specific behaviors necessitating restraint, pertinent observations while resident is restrained, checking of the resident for adequate circulation and comfortable position

and the offering, provision, or refusal of range of motion, bathroom privileges, fluids and nourishment. (I)

(e) The use of mechanical restraint must be evaluated as part of the next treatment plan review. Program staff must consider alternative strategies to handle the behavior that necessitated the use of mechanical restraint. Consideration must be documented in the resident's record. If mechanical restraints are needed more than 24 hours the resident must be transferred to a facility capable of providing proper care. (I)

(4) Seclusion

(a) Seclusion may be used only with a physician's signed written authorization. Verbal authorization must be noted. Verbal authorization must be reviewed and signed within 24 hours. (I)

(b) The physician's instructions, including verbal instructions, must be followed. They must include: (I)

(1) the reason for seclusion;

(2) the maximum time seclusion may be used;

(3) instructions for observing the resident while in seclusion, if different from the facility's written procedures.

(c) If a resident is in seclusion for as long as 24 hours, the physician must see the resident, determine the need for continued seclusion, and sign the written instructions each 24 hours. (I)

(d) If the resident's behavior is self-destructive while in seclusion, staff must intervene. (I)

(e) Resident placed in seclusion must be: (I)

(1) checked at least every 15 minutes;

(2) given regularly prescribed medications, unless otherwise ordered by the physician;

(3) given bathroom privileges at least every 2 hours;

(4) offered fluids at least every 2 hours;

(5) given the opportunity for nourishment if desired or at regularly scheduled meal times.

(f) A room used for seclusion must have at least 40 square feet of floor space and be free of safety hazards, adequately ventilated during warm weather, adequately heated during cold weather and appropriately lighted. All parts of the room must be clearly visible from the outside. (I)

(g) All items or articles that a resident might use to injure himself must be removed from a room used for seclusion. (I)

(h) At least a mat and bedding must be provided in the seclusion room except when a physician's orders are to the contrary. (I)

(i) The use of seclusion must be documented in the resident's record. Documentation must include the date and time the resident was secluded, the length of seclusion, and the name of the staff requesting seclusion; the specific behaviors that necessitated using seclusion; observations of the resident while in seclusion, including the time of observation and the resident's behavior; any injury the resident sustained as a result of the incident or the use of seclusion, and the offering, provision or refusal of fluids, nourishment, and bathroom privileges. (I)

(j) The use of seclusion must be evaluated as part of the next treatment plan review. Program staff must consider alternative strategies to handle the behavior that necessitated using seclusion. Consideration must be documented in the resident's record. (I)

(5) Discharge Planning

(a) Discharge. Discharge planning begins at the time of admission. A discharge date shall be projected in the treatment plan. Discharge orders shall be signed by a physician. A discharge summary shall be included in the records. Discharge planning shall include input from the multidiscipline staff. (II)

(b) There must be a written plan for follow-up services, either by the facility or by another agency. (II)

(c) Arrangements for alternative and more appropriate placement must be made prior to the 18th birthday of any resident who needs continued treatment. (II)

F. Professional Care

(1) Medical Care

The facility shall have available, either within its own organizational structure or by written arrangements with outside clinicians or facilities, a full range of services for the treatment of illnesses and the maintenance of general health. The facility's written plan for clinical services shall delineate the ways the facility obtains or provides all general and specialized medical, surgical, nursing and dental services. Definite arrangements

shall be made for a licensed medical physician to provide medical care for the residents. This shall include arrangements for necessary visits to the facility as well as office visits. Each resident shall have a primary physician who maintains familiarity with his physical health status. Physicians, psychiatrists and other clinicians must be licensed to practice in South Carolina as required by South Carolina law. (l)

(a) Residents who are physically ill shall be cared for in surroundings that are familiar to them as long as this is medically feasible. If medical isolation is necessary, there shall be sufficient and qualified staff available to give appropriate care and attention.

(b) Arrangements shall be made in writing for residents from the facility to receive care from outside clinicians and appropriate hospital facilities, e.g., surgery, in the event of serious illness which the facility cannot properly handle.

(c) Every resident shall have a complete physical examination annually and more frequently if indicated. This examination shall be as inclusive as the initial examination. Efforts shall be made by the institution to have physical defects of the residents corrected through proper medical care. Immunization shall be kept current (DPT, polio, measles, rubella), appropriate to the resident's age.

(d) Staff shall have knowledge of basic health needs and health problems of residents, such as mental health, physical health and nutritional health. Staff shall teach attitudes and habits conducive to good health through daily routines, examples and discussion, and shall help the residents to understand the principles of health.

(e) Each institution shall have a definitely planned program of dental care and dental health which shall be consistently followed. Each resident shall receive a dental examination by a qualified dentist and prophylaxis at least twice a year. Reports of all examinations and treatment should be included in the resident's clinical record.

(2) Emergency Services

(a) Policies and procedures shall be written regarding handling and reporting of emergencies and these shall be reviewed at least quarterly by staff. All clinical staff shall have training in matters related to handling emergency situations. (l)

(b) There shall be a physician on call twenty-four (24) hours a day; his name and where he can be reached shall be clearly posted in accessible places for all staff. (l)

(c) All resident staff must demonstrate competence in first aid and have CPR certification. (l)

(d) There shall be an adequate number of first aid kits stored with appropriate safeguards but accessible to staff in appropriate locations such as living units, recreation and special purpose areas, buses, etc. A first aid kit shall be equipped with

at least an antiseptic solution, first aid handbook, Band-Aids, 2-inch wide rolled bandage, gauze pads, 1/2-inch wide roll adhesive tape, cotton-tip applicators, safety pins, scissors, soap, tweezers, thermometer and rubbing alcohol. (I)

(e) The facility shall have written arrangements with appropriate hospitals for emergencies which the facility cannot properly handle. (I)

(3) Pharmaceutical Services

(a) The facility shall have policies and procedures related to pharmaceutical services. They shall include but are not limited to the following: (II)

(1) If the facility has a pharmacy directed by a registered pharmacist or a drug room under competent supervision, the pharmacist shall be responsible to the administration of the facility for developing, supervising and coordinating all activities of the pharmacy.

(2) If there is a drug room with no pharmacist, prescription medication shall be dispensed by a qualified pharmacist elsewhere and only storing and distributing are done in the facility. A consulting pharmacist assists in drawing up the correct procedures, rules and regulations for the distribution of drugs, and visits the facility as needed.

(3) The responsible pharmacist shall conduct monthly review of drugs and drug records in all locations in which drugs are stored and will submit at least monthly reports to the facility administrator and make recommendations for improvement concerning the handling, storage and labeling of drugs at the facility.

(b) Provision for special locked storage space to meet the legal requirements for storage of narcotics, alcohol and other prescribed drugs shall be provided. Keys for this area and drug carts, if utilized, shall be controlled by a physician, pharmacist, RN, LPN, or staff member credentialed to administer medications and shall be under the day to day supervision of such persons. (II)

(c) Provision made for emergency pharmaceutical service. (II)

(d) Establishment and maintenance of a satisfactory system of records and bookkeeping in accordance with the policies of the facility. (II)

(e) An automatic stop order on all prescribed drugs not specifically prescribed as to time and number of doses. These stop orders shall be in accordance with Federal and State laws. Individual drug plans shall be reviewed by a physician monthly or more frequently as needed. (II)

(f) A rule that drugs may be administered only by a physician, registered nurse, LPN or designated staff who is under the supervision of a registered nurse. (II)

(g) That all orders are in writing and signed by the physician. Telephone orders are used sparingly and given only to designated staff and are signed or initialed by the physician within 48 hours. Physician order must be dated and timed when signed. (II)

(h) Each facility shall provide pharmaceutical services in compliance with State and Federal laws and regulations. (II)

(i) The credentialing process shall at a minimum address: (II)

(1) Types of medications which can be administered.

(2) Control and accountability of drugs.

(3) Rules of administration.

(4) Medication administration records.

(5) Medication errors and adverse reactions.

(4) Laboratory and Pathology Services

Provision shall be made for those services within the facility or with an outside facility to meet the needs of the patient. These services shall be provided by an appropriately licensed or certified facility. Laboratory and pathology tests to be performed require a request from a qualified physician and reports from such tests shall be part of the resident's clinical records. Abnormal laboratory and pathology reports shall be followed up appropriately. (II)

(5) Provisions for Radiology Services

(a) Each facility shall have the capability of providing or obtaining diagnostic radiology services as needed. (II)

(b) A written, signed report of each x-ray shall be made a part of the resident's record. Request for x-ray examination shall contain a concise statement of the reason for the examination. (II)

(6) Direct Resident Care Staffing

(a) An adequate number of licensed and ancillary personnel shall be on duty to meet the total needs of residents. (I)

(b) At least one registered nurse shall be immediately accessible by phone and available in the facility within 30 minutes. Additional on site coverage by licensed nurses shall be required if needed depending upon the size of the facility and needs of

the clients served. Nursing personnel shall be assigned to duties consistent with their training and experience. (I)

(c) There shall be a responsible staff member on duty at all times in each building housing residents. (I)

G. Clinical Records and Reports

(1) Clinical Records and Reports

(a) Physician's Responsibility: It shall be the responsibility of each attending physician to complete and sign the clinical record within a stipulated time after the discharge of the resident consistent with good medical practice. The use of rubber stamp signature is acceptable under the following strict conditions: (II)

(1) The physician whose signature the rubber stamp represents is the only one who has possession of the stamp and is the only one who uses it, and

(2) The physician places in the administrative offices of the residential treatment facility a signed statement to the effect that he is the only one who has the stamp and is the only one who will use it. However, it must be emphasized that use of rubber stamp signatures is not permissible on orders for drugs listed as "controlled substances" under "Rules and Regulations Pertaining to Controlled Substances," R61-4 of the South Carolina Code of Laws of 1976.

(b) Organization: The responsibility for supervision, filing and indexing of records shall be assigned to a responsible employee of the residential treatment facility who has had training in this field. (II)

(c) Indexing: Clinical records shall be properly indexed and filed for ready access by members of the staff. (II)

(d) Ownership: Records of residents are the property of the facility and must not be taken from the residential treatment facility property except by court order. (II)

(e) Contents: Adequate and complete clinical records shall be written for all residents admitted to the facility. All notes shall be legibly written or typed and signed. Although use of initials in lieu of licensed nurses' signatures is not encouraged, initials will be accepted provided such initials can be readily identified within the medical record. A minimum clinical record shall include the following information: (II)

(1) Admission Record: An admission record must be prepared for each resident and must contain the following information, when obtainable: name; address, including county; occupation; date of birth; sex; marital status; race; religion; county of birth; father's name; mother's maiden name; husband's or wife's name; health insurance number; provisional diagnosis; case number; days of care; social security number; the

name of the person providing information; name, address and telephone number of person or persons to be notified in the event of emergency; name and address of referral source; name of attending physician; date and hour of admission;

(2) medical history and physical within 5 days prior or 96 hours after admission; provisional and working diagnosis;

(3) psychiatric/diagnostic evaluation 5 days prior or 96 hours after admission; provisional or working diagnosis;

(4) medical treatment;

(5) dietary assessment, care plan;

(6) progress notes from all treatment services;

(7) Medication Administration Record or similar document for recording of medications, treatments and other pertinent data. The staff member shall sign this record after each medication administered or treatment rendered;

(8) final diagnosis and discharge summary;

(9) date and hour of discharge;

(10) in case of death, cause and autopsy findings, if autopsy is performed;

(11) special examinations, if any, e.g., consultations, clinical laboratory, x-ray and other examinations;

(12) psychological testing: complete battery within the past twelve months with repeated selected tests on admission or a complete battery of tests within thirty days when tests have not been done prior to admission.

(13) childhood development history;

(14) immunization history;

(15) psychosocial assessment, care plan;

(16) preadmission identification of current legal status, e.g., proof of custody;

(17) educational testing and prior educational records;

(18) treatment plan;

(19) activities assessment, care plan;

(20) comprehensive treatment plan formulated by interdisciplinary team.

(2) Orders for Medication and Treatment

All clinical records shall contain the orders for medication and treatment written in ink and signed and dated by the prescriber or his designee. All orders, including verbal orders, shall be properly recorded in the clinical record and dated and signed by the prescriber or designee within 48 hours. (I)

(3) Storage and Microfilming

(a) Provisions shall be made by the facility for the storage of clinical records in an environment which will prevent unauthorized access and deterioration. The records shall be treated as confidential and shall not be disposed of under 10 years. Records may be destroyed after 10 years provided that: (II)

(1) Records of minors must be retained until after the expiration of the period of election following achievement of majority as prescribed by statute.

(2) The facility retains an index, register, or summary cards providing such basic information as dates of admission and discharge, name of responsible physician, and record of diagnoses and operations for all records so destroyed.

(b) Facilities that microfilm before 10 years have expired must film the entire record. (II)

(c) In the event of change of ownership, all clinical records shall be transferred to the new owners. (II)

(d) Prior to the closing of a facility for any reason, the facility shall arrange for preservation of records to insure compliance with these regulations. The facility shall notify the Department, in writing, describing these arrangements. (II)

(4) Information to be Provided to Other Health Care Providers

In order to contribute to the continuity of quality of care, procedures must be established and implemented to provide discharge summaries and/or other appropriate information to health care providers to whom residents are discharged, transferred or referred.

H. Program Activities

(1) Program Activities

Program goals of the facility shall include those activities designed to promote the growth and development of the residents, regardless of diagnosis or age level. There should be positive relationships with general community resources, and the facility staff shall enlist the support of these resources to provide opportunities for residents to participate in normal community activities as they are able. (II)

(a) Group Size: The size and composition of each living group shall be therapeutically planned and depend on age, developmental level, sex and clinical conditions. It shall allow for appropriate staff-resident interaction, security, close observation and support. A written description of the facility's philosophy regarding group size, group composition and staff involvement, including group management and supervision, shall be maintained in the facility.

(b) Routine Activities: Basic routines shall be delineated in a written plan which shall be available to all personnel. The daily program shall be planned to provide a consistent well-structured yet flexible framework for daily living and shall be periodically reviewed and revised as the needs of the individual resident or living group change. Basic daily routine, as motivated by the therapeutic needs of the resident, shall be included in the residents' written treatment plan.

(c) Social and Recreational Activities: Appropriate, organized programs of recreational and social activities shall be provided for all residents for daytime, evenings and weekends. Resident participation will be based on the resident's therapeutic needs, and shall be documented in the clinical record. Schedules of any planned activities will be maintained.

(d) Religious Activities: Opportunity shall be provided for all residents to participate in religious services and other religious activities within the framework of their individual and family interests and based on the resident's clinical status.

(e) Education: The facility shall arrange for or provide an educational program which meets the defined minimum program of the South Carolina Department of Education. The facility shall retain on file approval, by the South Carolina Department of Education, of the educational program. The particular needs of each resident shall be considered in both placement and programming.

(f) Vocational Programs: The facility shall arrange for or provide vocational or prevocational training for residents in the facility for whom it is indicated.

(1) If there are plans for work experience developed as a part of the resident's overall treatment plan, the work shall be for payment, as appropriate, and shall not be for the purpose of the facility's financial gain.

(2) Residents shall not be solely responsible for any major phase of institutional operation or maintenance such as cooking, laundering, housekeeping, farming, yard work or repairing. Residents shall not be considered as substitutes for employed staff.

(3) Attention shall be paid to State and Federal Wage and Hour Laws.

I. Food Service

(1) Food

(a) Nutrition: (II)

(1) The food service program shall provide nutritionally balanced meals which meet USDA guidelines and the Recommended Dietary Allowance of the National Research Council for children and adolescents. Menus shall be developed by a dietitian and shall provide the essential nutrients for proper growth and maintenance for healthy bodies. The food service shall endeavor to provide tasty, nutritious, and eye-appealing meals in an effort to promote the healing process for the total development of the child.

(2) A dietitian shall be employed on a consultative basis. Responsibilities of the dietitian shall be:

(a) To observe the operation of the Food Service Program and to provide suggestions for improvement based on those observations.

(b) To develop and/or approve menus which meet acceptable nutrition standards.

(c) To establish dietary policies and procedures.

(d) To prepare specialized menus for residents who have orders from a physician regarding a special diet and provide instruction for the dietary staff as to how to prepare any special food items.

(e) To review resident charts and counsel with a resident and family regarding special dietary needs.

(f) To provide inservice for staff as indicated.

(g) To develop food service documentation procedures and then review records of the documentation.

(h) To prepare quarterly Quality Assurance reports for review of Food Services.

(b) Food Supplies: (II)

(1) All food in the facility shall be from sources approved or considered satisfactory by the Department, and shall be clean, wholesome, free from spoilage, free from adulteration and misbranding, and safe for human consumption.

(2) Grade A pasteurized whole or lowfat milk and milk products shall be used or served. Grade A pasteurized dry milk may only be used in cooked food.

(c) Food Protection: While being stored, prepared, served or transported, all food shall be protected from contamination and spoilage. Each cold storage facility used for the storage of perishable food shall be provided with an approved indicating thermometer accurate to 3 degrees Fahrenheit. (II)

(1)Temperatures:

(a) All potentially hazardous food shall be maintained at safe temperatures (45 degrees Fahrenheit or below, or 140 degrees Fahrenheit or above), except during necessary periods of preparation and service.

(b) All perishable food shall be protected from spoilage by storage at proper temperatures.

(c) Frozen food shall be kept at such temperatures so as to remain frozen. Potentially hazardous frozen food shall be thawed at refrigerator temperatures of 45 degrees Fahrenheit or below; or under cool, potable running water (76 degrees Fahrenheit or below); or quick-thawed as part of the cooking process.

(d) Poultry and stuffings shall be heated throughout to a minimum temperature of 165 degrees Fahrenheit, with no interruption of the initial cooking process.

(e)Pork and pork products which have not been specially treated to destroy trichinae shall be thoroughly cooked to heat all parts of the meat to at least 150 degrees Fahrenheit.

(2) Storage:

(a) Containers of food shall be stored above the floor on clean surfaces, in such a manner as to be protected from splash and other contamination.

(b) Food not subject to further washing or cooking before serving shall be stored in such a manner as to be protected against contamination from food requiring washing or cooking.

(c) Poisonous and toxic materials shall be identified, and secured in cabinets which are used for no other purpose.

(3) Preparation:

(a) Suitable utensils shall be provided and used to minimize handling of food at all points where food is prepared.

(b) Raw fruits and vegetables shall be washed before use.

(c) Individual portions of food, once served to the resident, shall not be reserved.

(2) Personnel

(a) Health and Disease Controls: (II)

(1) While affected with any disease in a communicable form, or while a carrier of such disease, or while afflicted with boils, infected wounds, sores, or an acute respiratory

infection, no person shall work in any area of food-service in any capacity in which there is a likelihood of such person contaminating food or food-contact surfaces with pathogenic organisms, or transmitting disease to other individuals.

(2) If the manager or person in charge of the facility has reason to suspect that any worker has contracted any disease in a communicable form or has become a carrier of such disease, he shall notify the health authority immediately.

(3) Only authorized dietary employees and other designated staff shall be allowed in the kitchen.

(b) Cleanliness: All workers shall wear clean outer garments, maintain a high degree of personal cleanliness and conform to hygienic practices while on duty. (II)

(1) All workers shall thoroughly wash their hands and arms with soap and warm water as often as may be required to remove soil and contamination.

(2) Workers shall keep their fingernails clean, reasonably short and neatly trimmed.

(3) Hair restraints shall be used by workers engaged in the preparation and service of food to keep hair from food and food-contact surfaces.

(4) Workers shall not use tobacco in any form while engaged in food preparation or service, or while in equipment and utensil washing or food-preparation areas.

(3) Food Equipment and Utensils

(a) Sanitary Design, Construction, and Installation of Equipment and Utensils: All equipment and utensils shall be so designed and of such material and workmanship as to be smooth, easily cleanable and durable, and shall be in good repair. (II)

(1) The food-contact surfaces of such equipment and utensils shall be accessible, easily cleanable, nontoxic, corrosion resistant and relatively nonabsorbent.

(2) All equipment shall be so installed and maintained as to facilitate the cleaning thereof, and of all adjacent areas.

(3) Surfaces of equipment not intended for contact with food but which are exposed to splash, food debris, or otherwise require frequent cleaning, shall be of such material and in such repair as to be readily maintained in a clean and sanitary manner.

(b) Cleanliness of Equipment and Utensils: (II)

(1) Non-food-contact surfaces of equipment shall be cleaned at such intervals as to keep them in a clean and sanitary condition. Cooking surfaces of equipment shall be cleaned at least once a day, or as often as necessary.

(2) All kitchenware and food-contact surfaces of equipment used in storage, preparation or serving of food or drink shall be thoroughly cleaned after each use.

(3) All eating and drinking utensils shall be thoroughly cleaned and sanitized after each use.

(4) All utensils and food-contact surfaces of equipment used in the preparation, service, display, or storage of potentially hazardous food shall be thoroughly cleaned and sanitized.

(5) Methods and Facilities for Washing and Sanitizing:

(a) Prior to washing, all equipment and utensils shall be preflushed or prescraped and, when necessary, presoaked to remove gross food particles and soil.

(b) Effective concentrations of a suitable detergent shall be used in both manual and mechanical dishwashing.

(c) When manual dishwashing is employed, an approved two-compartment sink and a container of adequate length, width, and depth to completely immerse all tableware for final sanitization shall be provided and used. Equipment and utensils shall be washed in a reasonably clean detergent solution, rinsed thoroughly and sanitized by immersion for a period of at least one (1) minute in a sanitizing solution containing:

(1) At least 50 ppm of available chlorine at a temperature not less than 75 degrees Fahrenheit; or

(2) At least 12.5 ppm of available iodine in a solution having a pH not higher than 5.0 and a temperature of not less than 75 degrees Fahrenheit; or

(3) Any other chemical-sanitizing agent which has been demonstrated to the satisfaction of the health authority.

(d) When a facility is newly constructed or extensively remodeled or when an existing structure is converted for use, an approved three-compartment sink or an approved mechanical dishwasher must be provided and used.

(e) Dish tables or drainboards, of adequate size for proper handling of soiled utensils prior to washing and for cleaned utensils following rinsing or sanitization, shall be provided.

(f) Facilities planning to use or install a mechanical dishwasher shall use a machine approved by the Department. When a domestic type machine in an existing facility is replaced, an approved unit must be installed. NOTE: Equipment not adequately sanitized in dishwashing machines, must be sanitized manually.

(g) A facility which does not have adequate and effective means for cleaning and sanitizing utensils shall use single- service articles.

(6) Storage and Handling of Cleaned Equipment and Utensils:

(a) Food-contact surfaces of cleaned and sanitized equipment and utensils shall be handled in such a manner so as to be protected from contamination.

(b) Cleaned and sanitized utensils shall be stored above the floor in a clean, dry location so that food-contact surfaces are protected from contamination.

(c) Utensils shall be air dried before being stored, or shall be stored in a self-draining position on suitably located hooks or racks constructed of corrosion-resistant material.

(7) All single-service articles shall be stored, handled and dispensed in a sanitary manner; these shall be used only once.

(a) Water Supply: The water supply shall be adequate, of a safe, sanitary quality and from an approved source.

(1) Hot and cold running water, under pressure, shall be provided in all areas where food is prepared, or equipment, utensils, or containers are washed.

(2) Ice used for any purpose shall be made from water which comes from an approved source; and it shall be used only if it has been manufactured, stored,

transported and handled in a sanitary manner. Sanitary containers and utensils shall be provided for storing and serving ice in a sanitary manner.

(3) Drinking fountains shall be of a sanitary angle jet design, properly regulated and maintained. There shall be no possibility of the mouth or nose becoming submerged. The use of "common drinking cups" is prohibited. If drinking fountains are not provided, single service cups shall be used.

(b) Toilet Facilities: Each kitchen shall be provided with adequate toilet facilities. These facilities shall be located within the same building.

(1) Toilet facilities and fixtures shall be kept clean and in good repair.

(2) The doors of all toilet rooms located in the kitchen shall be self-closing.

(3) Toilet tissue shall be provided.

(4) Easily cleanable receptacles shall be provided for waste materials, and such receptacles in toilet rooms for women shall be covered.

(5) An approved sanitary sewerage system shall be installed and shall be maintained in a proper operating condition.

(c) Handwashing Facilities: Each kitchen shall be provided with adequate, conveniently located handwashing facilities for its workers, including hot and cold or tempered running water, handcleansing soap or detergent, from an approved dispenser, and approved sanitary towels. (II)

(d) Vermin Control: Effective measures shall be taken to protect against the entrance into the establishment and the breeding or presence on the premises of vermin. (II)

(4) Other Facilities and Operations

(a) Floors, Walls and Ceilings: All floors, walls and ceilings shall be kept clean and in good repair. (II)

(1) The floor surfaces in kitchens, storage, and toilet rooms shall be of smooth, nonabsorbent materials and so constructed as to be easily cleanable.

(2) The walls and ceilings of all areas in which food is prepared, or utensils or hands are washed, shall be easily cleanable, smooth, and light-colored, and shall have washable surfaces up to the highest level reached by splash or spray.

(b) Lighting: All areas shall be well lighted with at least 20 foot-candles of light. (II)

(c) Ventilation: All kitchen, toilet and garbage areas shall be well ventilated. (II)

(d) Housekeeping: (II)

(1) All parts of the facility and its premises shall be kept neat, clean and free of litter and rubbish.

J. Fire Protection and Equipment

(1) Arrangements for Fire Department Protection

Where a facility is located outside of a service area or range of a public fire department, arrangements shall be made to have the nearest fire department respond in case of fire. A copy of the agreement will be kept on file in the facility. (II)

(2) Tests and Inspections

(a) Fire Protection: The licensee is responsible for ensuring that all fire protection and alarm systems and other fire fighting equipment are inspected and tested at least once each year, and more often if necessary to maintain them in serviceable condition. Fire extinguishers shall be kept in condition for instant use and the date of last inspection shall be included on each fire extinguisher. Records of all inspections shall be kept on file.(I)

(b) Electrical Inspections: Electrical wiring in institutions licensed under these standards shall be inspected at least once every year by a locally recognized and responsible electrician or registered engineer and a signed copy of the inspection report shall be maintained in the facility. (I)

(c) Heating, Ventilating and Air Conditioning (HVAC) Systems and Equipment: The licensee is responsible for ensuring that all heating, ventilating and air conditioning equipment is maintained in a safe operable condition. The HVAC system must be inspected at least once a year and records maintained of deficiencies and corrections. (I)

(3) Special Hazards

(a) Mattresses and Pillows: When purchasing new mattresses and pillows, only those providing the maximum resistance to fire, smoke development and toxicity shall be purchased. These items present an unusual and severe fire hazard to the facility and extreme caution must be exercised in their selection. (II)

(4) Corridor Obstructions

All corridors and other means of egress or exit from the building shall be maintained clear and free of obstructions. (II)

(5) Hallway and Stairway Illumination

Halls, stairs and other means of egress shall be lighted at all times with a minimum of one foot candle at floor level. (II)

(6) Plans and Training for Fire and Internal Emergencies

(a) Plans: Each facility shall develop in coordination with its supporting fire department and/or disaster preparedness agency a suitable written plan for actions to be taken in the event of fire and other emergencies. All employees shall be made familiar with these plans and instructed as to required actions. (I)

(b) Fire Protection Training: (I)

(1) Each employee shall receive instructions covering:

(a) The Fire Plan.

(b) The Fire Evacuation Plan, routes and procedures.

(c) How to report a fire.

(d) How to use the fire alarm system.

(e) Location and use of fire-fighting equipment.

(f) Methods of containment.

(g) Specific responsibilities of the individual.

(2) Records of training shall be maintained to report the date, names of individuals participating and a description of the training.

(c) Fire Drill: (I)

(1) A fire drill shall be conducted at least once every three (3) months for each shift. Effort shall be made to insure each employee participates in a fire drill once in any year.

(2) Records of drills shall be maintained to report the date, time, and names of individuals participating in the drill and evaluation.

K. Maintenance, Housekeeping and Refuse Disposal

(1) Maintenance

Facilities, and all equipment such as elevators, furnaces, emergency lights, et cetera, shall be kept in good repair and operating condition.

(2) Housekeeping

(a) General: The facility shall be kept neat, clean and odor free. Accumulated waste material must be removed daily or more often, if necessary. There must be frequent cleaning of floors, walls, ceilings, woodwork and windows. The premises must be kept free from rodent and insect infestation. Bath and toilet facilities must be maintained in a clean and sanitary condition at all times. (II)

(b) Room Cleaning: All bedside equipment shall be cleaned regularly. Mattresses and pillows shall be aired and if damaged or contaminated, replaced. The bed must be remade with fresh linens, as necessary, to maintain a clean and sanitary condition for each resident. Prior to occupancy by another resident, the linen must also be changed. (II)

(c) Linen: An adequate supply of sanitary linen shall be available at all times. (II)

(d) Soiled Linen: Soiled linen shall be kept in closed containers and stored separately from resident areas. (II)

(e) Janitor Closet: All janitor closets and equipment shall be cleaned daily. Frequent inspections should be made by a responsible person for compliance. Cleaning materials and supplies shall be stored in a safe manner in a well-lighted closet. All harmful agents shall be in a locked cabinet or closet. (II)

(3) Refuse Disposal

(a) Storage and Disposal: All garbage and refuse shall be deposited in suitable, water-tight, closed containers. These containers shall be covered and stored outside the kitchen and placed on an approved platform so as to prevent overturning by animals, the entrance of flies or the creation of a nuisance. Refuse shall be disposed of periodically.

(b) Cleaning: Immediately after emptying, containers for garbage shall be properly cleaned.

(4) Outside Areas

All outside areas, grounds and/or adjacent buildings shall be kept free of rubbish, grass and weeds that may serve as a fire hazard or as a haven for roaches, rodents and other pests.

L. Design and Construction

(I) General

(a) Every facility shall be planned, designed and equipped to provide and promote the health, care, treatment, welfare, and safety of each resident. (II)

(b) Each facility shall provide ample living arrangements for everyone residing therein. This shall include bedrooms, bathrooms, living, dining, and recreational areas available for residents' use. (II)

(c) Each facility shall provide an attractive, homelike, and comfortable atmosphere. (II)

(d) There shall be accommodations provided to meet the group needs of residents and their visitors. (II)

(2) Local and State Codes and Standards

(a) Facilities shall comply with pertinent local and state laws, codes, ordinances and standards with reference to design and construction. No facility will be licensed unless the Department has assurance that the responsible local officials sanction the licensing of the facility. (II)

(b) The Department uses as its basic codes:** (II)

(1) Standard Building Code

(2) Standard Plumbing Code

(3) Standard Mechanical Code

(4) Standard Gas Code

(5) National Electrical Code (NFPA 70)

(6) These Regulations

** Check with the Department to verify current editions.

(3) Submission of Plans and Specifications

(a) New Buildings, New Additions, Alterations to Existing Buildings, or Buildings Being Initially Licensed: When construction is contemplated for new buildings, additions or alterations to existing buildings, buildings being licensed for the first time, or buildings changing license, plans and specifications shall be submitted in duplicate to the

Department for review. Such plans and specifications shall be prepared by an architect registered in the state of South Carolina and shall bear his seal and signature. All plans shall be drawn with the title and date shown thereon. (II)

(b) Submission of Plans. (II)

(1) Preliminary Plans shall be submitted to the Department for facilities with more than twelve (12) beds.

(2) Final Construction Documents shall be submitted to the Department for all facilities.

(c) Start of Construction. (II)

(1) Construction work shall not be started until approval of the "Final" construction documents or written permission to begin construction has been received from the Division of Health Facilities Construction.

(2) Any construction changes from the approved documents shall have approval from the Department.

(3) During construction, the owner shall employ a registered architect and/or engineer for supervision and observations.

(d) Plan Submission. (II)

(1) Plan submission shall include at least:

(a) Cover Sheet

(1) Title and location of project.

(2) Index of drawings.

(3) Code analysis listing applicable codes.

(4) Occupancy Classification.

(5) Type of Construction.

(6) Legend, Notes and Symbol information.

(b) Site Plan.

(1) Size and shape of the entire site.

(2) Building Area “Footprint” of the proposed facility and/or addition in relation to the site.

(3) Vehicular and pedestrian access to and on the site.

(4) All utilities to the facility, i.e., water supply available for fire protection, etc.

(5) Existing structures (buildings, foundations, retaining walls, above and below grade storage tanks, etc.) .

(c) Building Sections.

(1) complete “building section” indicating the “Type of Construction”, floor-to-floor height(s) , etc.

(2) Type of structural system.

(3) Interior wall sections.

(d) Floor Plans.

(1) Complete plans drawn to scale with the basic and overall dimensions of rooms and room designations.

(2) “Fire and Life Safety Plan” showing proper delineation of rated walls, i.e., fire walls, exits and exit calculations, extinguishers, etc.

(3) Door swings, sizes, and types.

(4) Miscellaneous details.

(5) Fixed equipment.

(6) Millwork.

(e) Plumbing.

(1) Fixture locations.

(2) Single-line drawing showing supplies, waste lines, vents, etc.

(f) Mechanical.

(1) Type and location of equipment.

(2) Single line drawing showing supplies, returns and exhaust.

(g) Electrical.

(1) Lighting.

(2) Power.

(3) Communication (telephone, fire alarm) .

(2) If construction is delayed for a period exceeding twelve (12) months from the time of approval of Final submission, a new evaluation and/or approval is required.

(e) Alterations and Renovations. (II)

(1) When alterations are contemplated that may affect fire and life safety, drawings and specifications, accompanied by a narrative completely describing the proposed work shall be submitted to the Department for review and approval to ensure that the proposed alterations comply with current safety and building standards.

(2) All alterations or renovations of a part of an existing licensed building, other than cosmetic (i.e. painting, wallpapering or carpeting) shall be made to conform with the current requirements of the building codes for construction of new facilities.

(3) Cosmetic changes utilizing paint, wallcovering, floor covering, etc; that are required to have a flamespread rating or other safety criteria shall be documented with copies of the documentation and certifications furnished to the Department.

(4) Any building which is being licensed for the first time will be considered “new” construction and must meet current codes.

(5) If within a twelve (12) month period any alterations or renovations costing in excess of fifty percent (50%) of the then physical market value of the building are made to an existing facility, the entire facility shall be made to conform with the requirements of current building code editions for new facility construction and to Department standards.

(4) Location of Facility

(a) Environment: Facilities shall be located in an environment that is conducive to the type of care and services provided. (II)

(b) Transportation: Facilities shall be served by paved roads which are passable at all times and are adequate for volume of expected traffic. (II)

(c) Parking: Facilities shall have parking space to satisfy the minimum needs of residents, staff and visitors. Provisions must be made for handicapped parking. (II)

(d) Access for Fire Fighting Equipment: Facilities shall maintain adequate access to and around the building. (II)

(5) Communication

A telephone must be provided on each floor occupied by residents and additional telephones or extensions as required to summon help in case of fire or other emergency. Pay station telephones are not acceptable for this purpose. (II)

M. General Construction Requirements

(1) Occupancy Classification

(a) Facilities licensed for five (5) beds or less will be classified as “Residential Occupancy” and will follow the requirements in the Standard Building Code for “Residential Occupancy”. (II)

(b) Facilities licensed for six (6) beds or more will be classified as “Residential Dormitory Occupancy” and will follow the requirements in the Standard Building Code for “Dormitory occupancy”. (II)

(2) Height and Area Limitations

Construction shall not exceed the allowable heights and areas provided by the Standard Building Code. (II)

(3) Fire Walls

An addition shall be separated from an existing building by a two (2) hour fire rated wall unless the addition is of equal fire resistive rating and provided the area limitations set forth in the Standard Building Code are not exceeded. (II)

(4) Storage Areas

(a) Areas used for storage of combustible materials and storage areas exceeding 100 square feet in area shall be provided with an approved automatic sprinkler system. A minimum vertical distance of 18 inches shall be maintained between the top of any stored items and the sprinkler heads. (II)

(b) All ceilings, floor assemblies, and walls enclosing storage areas of one-hundred (100) square feet or greater shall be of not less than one (1) hour fire resistive construction with ‘C’ labelled 3/4 hour fire rated doors and frames. (II)

(c) Storage rooms greater than one-thousand (1000) square feet must have two (2) exits remote from each other. (II)

(5) Carpeting

Carpeting must meet Standard Building Code for floor covering. (II)

N. Hazardous Elements of Construction

(1) Furnaces and Boilers

(a) Not more than two (2) gas fired heating boilers or furnaces shall be permitted in any building unless all are enclosed and separated by walls, partitions, floors and ceilings of one (1) hour fire resistant construction. A water heater is considered a “heating” boiler. (II)

(b) Boilers, furnaces, and/or water heaters of any input capacity installed in a building of seventy-five (75) or more licensed beds shall be separated from the rest of the building by walls, partitions, floor, and ceiling construction having a fire resistant rating of not less than two (2) hours. (II)

(c) Installation of central heating boilers and furnaces shall be in accordance with applicable NFPA standards and the Standard Building Code. (II)

(d) Maintenance of heating boilers and furnaces shall be provided to insure efficient and safe operation. (II)

(2) Dampers

Fire dampers shall be installed on all heating, cooling, and ventilating systems if required by the Standard Building Code, the Standard Mechanical Code, or “Air Conditioning and Ventilating Systems” (NFPA 90A). (II)

(3) Incinerators

Incinerators shall conform to the requirements of the Department. When located within the licensed facility, they shall be separated by construction having at least two (2) hour fire resistive rating with “B” labelled, 1-1/2-hour fire rated door(s) and frame(s). (II)

(4) Gases

Gases, i.e., flammable and nonflammable, shall be handled and stored in accordance with the provisions of “Health Care Facilities”(NFPA 99). (II)

(5) Flammable Liquids

The storage and handling of flammable liquids shall be in accordance

with “Flammable and Combustible Liquids Code” (NFPA 30). (II)

(6) Hoods, Vents and Ducts

(a) An exhaust fan of proper size shall be installed over the cookstoves and ranges vented to the outside. (II)

(b) Hood, vents, ducts, and removable filters shall be maintained clean and free of grease accumulations. (II)

(c) Facilities having more than 25 beds shall have an approved under-hood automatic extinguishing system. (II)

O. Alarms

(1) Required Smoke and Fire Alarms

(a) A building licensed for five (5) or less beds must have a smoke alarm in the facility. (I)

(b) A building licensed for six (6) or more beds must have smoke alarms in each sleeping room. (I)

(c) A building licensed for twelve (12) or more beds must have smoke alarms in each sleeping room and they must be tied together or tied to a central system so that when any one is activated, the alarm can be heard in all bedrooms. (I)

(d) A building licensed for fifteen (15) or more beds must have an approved automatic smoke detection system and pull stations at exits to the building. (I)

(e) Pull stations at exits may be eliminated or of lockable type if the following are true: (I)

(1) The presence of pull stations at exits creates a “false alarm” problem through mischief.

(2) There is a pull station located at the control station on that floor.

(3) There is an attendant on duty in the facility at all times familiar with the location of the pull station.

(4) Staff members in the area always carry a key to the pull stations.

(2) Smoke Detection System

(a) If an approved automatic smoke detection system is required, it shall be installed in all corridors and sleeping rooms. Such systems shall be installed in accordance with the applicable NFPA Standards. (I)

(b) Smoke detectors if required shall be spaced in corridors no farther apart than thirty feet (30') on center or more than fifteen feet (15') from any wall or cross-corridor door(s). (I)

(c) All automatic smoke detection systems required by this section shall be electrically interconnected to the fire alarm system as hold open devices on doors. (I)

(d) The alarm system must have an annunciator panel located at the Control Station. (I)

P. Exits

(I) Number and Locations

(a) There shall be more than one (1) exit leading to the outside of the building on each floor. (I)

(b) Exits shall be placed so that the entrance door of every private room and semi-private room shall be not more than one-hundred (100) feet along the line of travel to the nearest exit. (I)

(c) Exits shall be remote from each other. (I)

(d) Exits shall be arranged so that there are no corridor pockets or dead-ends in excess of twenty (20) linear feet. (I)

(e) Each resident room shall communicate directly with an approved exit access corridor without passage through another occupied space or shall have an approved exit directly to the outside at grade level, to a public space free of encumbrances. Maximum travel distance from any point in the room to an exit access corridor shall not exceed 50 feet. (I)

(2) Corridors

(a) Exit access corridors and passageways from resident occupied rooms leading to egress stairways and/or the outside from the first story and to areas of refuge shall be a minimum of: (II)

In Facilities Licensed for:

5 or less beds - 44" in clear width.

6 to 11 beds - 48" in clear width

12 or more beds - 60" in clear width

(b) Corridors and passageways considered as approved means of egress shall be at least eighty-four (84") inches in height. (II)

(3) Doors

(a) Doors to resident occupied rooms shall be at least thirty-two(32") inches wide. (II)

(b) Doors to exits shall be at least thirty-six (36") inches wide. (II)

(c) Doorways from resident-occupied rooms or exit-access passageways to the outside of the facility shall be at least eighty (80") inches in height. (II)

(d) The exit doors required from each floor shall swing in the direction of exit travel. Doors, except those to spaces such as small closets which are not subject to occupancy, shall not swing into corridors in a manner that obstruct traffic flow or reduce the required corridor width. Exception: The above does not apply to facilities licensed for five (5) or less beds. (II)

(e) If resident rooms are lockable, there must be provisions for emergency entry. (II)

(f) Exit doors can be locked if all of the following are true:(II)

(1) Unlocked exit doors will create a security problem on the floor.

(2) The exit doors can be released by the staff, electrically from the Control Station.

(3) The exit doors will automatically be unlocked if either the fire alarm is activated or if the power fails to the fire alarm.

(4) Ramps

(a) At least one (1) exterior ramp, accessible by all residents, staff, and visitors shall be installed from the first floor to the grade to serve all portions of the facility where residents are placed. (II)

(b) Exterior ramps shall not be less than four (4'-0") feet in width in all areas occupied by residents or serving as part of a means of egress from resident area. (II)

(c) Interior ramps shall be the full width of the corridor. (II)

(d) All ramps shall be provided with approved handrails. All handrail ends adjacent to a wall must return to the wall. (II)

(e) Surface of ramp shall be of non-skid materials. (II)

(f) There must be a landing at the top and bottom of the ramp at least as wide as the ramp and minimum four (4'-0") feet deep. The top of the landing must be level with the interior floor. (II)

(g) A portion of any ramp cannot exceed thirty feet (30') without a landing. (II)

(h) Maximum slope of the ramp shall be 1:12 (for every one foot of vertical rise, there must be twelve (12) feet of horizontal run) . (II)

(5) Landings

(a) Landings shall be provided beyond exterior doors and interior doors opening onto a stairway, as specified in the Standard Building Code. The depth of the landing shall not be less than the width of the door. (II)

(b) Landings at the top of a ramp shall be wide enough to provide two (2'-0") feet of landing between the door jamb and the edge of the ramp to allow a person in a wheelchair to be able to open the door. (II)

Q. Plumbing

(1) Water Supply

(a) Quality: When an approved water supply is not available, a water supply shall be provided which meets the requirements of the Department. Prior to construction of such a water supply, the engineer shall obtain a permit to construct from the Department. Before placing the water supply into service, a final approval must be obtained from the Department. (II)

(b) Disinfection of Water Lines: The water system for new facilities shall be disinfected before use in accordance with the regulations of the Department. Samples shall be taken from the water system and forwarded to an approved laboratory for bacterial analysis in accordance with the Department regulations to assure adequacy of the disinfection process. The water shall not be used as a potable supply until certified as satisfactory by a representative of the Department. (II)

(c) Temperature Control. (II)

(1) Hot water supplied to fixtures which are accessible to residents for bathing and handwashing shall be thermostatically controlled to provide a water temperature not exceeding one-hundred twenty five degrees (125 degrees Fahrenheit) and not less than one-hundred degrees (100 degrees Fahrenheit) at the fixtures.

(2) The water heater or combination of heaters shall be sized to provide at least six (6) gallons per hour per bed at the above ranges.

(3) Hot water supplied to the pot washing sink in the kitchen shall be supplied at one-hundred-forty degrees (140 degrees F.).

(4) Final rinse temperature of the dishwasher shall be one-hundred-eighty degrees (180 degrees Fahrenheit) .

(d) Stop Valves: Each plumbing fixture and each piece of equipment shall have stop valves to permit repairs without disrupting service to other fixtures. Each group of fixtures on a floor, each branch main, and each supply line shall be valved. (II)

(e) Cross Connections: Cross connections in plumbing between safe and potential unsafe water supplies are prohibited. This refers particularly to toilets, laundry fixtures and fixtures of similar nature. Water shall be delivered at least two (2) delivery pipe diameters above the rim or points of over flow to each fixture, piece of equipment, or service unless protected against back siphonage by approved vacuum breakers or other approved back flow preventors. Any faucet or fixture to which a hose may be attached shall have an approved vacuum breaker or other backflow preventor installed. (II)

(2) Wastewater

(a) Design and Construction. (II)

(1) Plans, specifications, reports and studies for the construction, expansion or alteration of a wastewater system shall be prepared by an engineer registered in South Carolina and shall carry his official signature and seal.

(2) The design and construction of wastewater systems shall be in accordance with modern engineering practices and the rules and regulations of the Department.

(b) Fixtures. (II)

(1) Toilets shall be provided in number ample for use according to the number of residents. The minimum requirement is one (1) toilet for every four (4) residents or fraction thereof.

(a) Grab bars of an approved type shall be provided on at least one (1) side of every toilet used by residents.

(b) Separate toilet facilities and lockers shall be provided for employees.

(c) Each toilet shall be ventilated. There shall be a mechanical system to the outdoors with a minimum of four (4) air changes per hour.

(2) Baths.

(a) There shall be a bathtub or shower with approved grab bars for each five (5) licensed beds or fraction thereof.

(b) Separate bathroom facilities shall be provided for live in staff.

(c) Each bathroom shall be ventilated. There shall be a mechanical system to the outdoors with a minimum of ten (10) air changes per hour.

(d) Bathrooms for handicapped persons must be provided as per the Standard Building Code whether any of the residents are classified as handicapped or not.

(e) All bathroom floors shall be entirely covered with an approved non-absorbent covering. Continuous solid type covering is preferred over block tile type.

(f) Adequate supply of toilet tissue shall be maintained in each bathroom.

(g) Floor area shall not be less than fifteen (15) square feet for each toilet room with one (1) toilet and lavatory.

(3) Sinks and Handwashing Fixtures.

(a) A sink shall be provided close to each Control Station and in each Utility Room. Handwashing facilities used by staff shall be equipped with valves which can be operated without the use of hands.

(b) Separate handwashing fixtures shall be provided in the main kitchen and shall be so located that the person in charge may supervise handwashing by food service personnel.

(c) Handwashing fixtures shall be provided in number ample for use according to the number of licensed beds. The minimum requirement is one adjacent to each toilet.

(d) A paper towel dispenser, soap dispenser, and a covered wastebasket shall be provided at each handwashing sink.

R. Electrical Requirements

(1) Installation

(a) Materials including equipment, conductors, controls and signaling devices shall be installed to provide a complete electrical system with the necessary characteristics

and capacity to supply the electrical equipment indicated in the specifications or shown on the plans. All materials shall be listed as complying with available standards or Underwriters Laboratories, Inc. or other similarly established standards. (II)

(b) Electrical installation systems shall be in accordance with the National Electrical Code and shall be tested to show that the equipment is installed and operates as planned or specified. (II)

(c) The fire alarm system shall be tested initially by a factory trained manufacturer's representative. (II)

(2) Switchboards and Power Panels

Circuit breakers or fusible switches that provide disconnecting means and over current protection for conductors connected to switchboard and panel boards shall be enclosed or guarded to provide a dead front type assembly. Over load protection devices shall be suitable for operating properly in ambient conditions. (II)

(3) Panelboards

Panelboards serving lighting and appliance circuits shall be located on the same floor as the circuits they serve. The directory shall be labeled to conform to the actual room designations. Clear access must be maintained to the panel. (II)

(4) Lighting

(a) Spaces occupied by people, machinery, equipment, and approaches to buildings and parking lots shall be lighted. (II)

(b) Resident rooms shall have general lighting which provides a minimum of twenty (20) foot-candles in all parts of the room. There shall be a minimum of thirty-five (35) foot-candles in areas used for reading, study or close work. Lighting in work areas shall be at least thirty (30) foot-candles. (II)

(c) Lighting for reading shall be provided for each resident. (II)

(5) Receptacles (Convenience Outlets)

(a) Resident rooms: Receptacles in residents' rooms shall be of the "safety type".(II)

(b) Corridors: Duplex receptacles for general use shall be installed approximately fifty (50'-0") feet apart in all corridors and no more than twenty-five (25'-0") feet of the ends of corridors. (II)

(6) Ground Fault Interrupting (GFI) Receptacles

Electrical circuits to fixed or portable equipment in hydrotherapy units or other wet areas shall be provided with five (5) milliampere ground fault interrupter circuits or receptacles. Ground fault interrupter receptacles shall be used on all outside receptacles and in garages and bathrooms per National Electrical Code (NFPA 70). (II)

(7) Emergency Power

(a) Emergency Power shall be provided for the following: (II)

- (1) Exit lights
- (2) Exit access corridor lighting
- (3) Fire alarm
- (4) Essential communication systems
- (5) Emergency heating system.

S. Mechanical Requirements

(1) Prior to licensure of the facility all mechanical systems shall be tested, balanced and operated to demonstrate that the installation and performance of these systems conforms to the requirements of the plans and specifications.

(2) Each piece of equipment shall be valved at the supply and return ends.

(3) Design temperatures for all occupied areas shall be seventy-five degrees (75 degrees Fahrenheit) minimum at winter design conditions and seventy-eight degrees (78 degrees Fahrenheit) maximum at summer design conditions.

(4) Air handling duct systems shall meet requirements of "Installation of Air Conditioning and Ventilating Systems" (NFPA 90A).

(5) Fire and smoke dampers shall be constructed, located and installed in accordance with the requirements of "Installation of Air Conditioning and Ventilating Systems" NFPA 90A). Access for maintenance shall be provided at all dampers.

(6) An emergency heating system shall be provided.

T. Facilities

(1) General Requirements

(a) Floor, Wall and Ceiling Material.

(1) Floors, walls and ceilings shall be constructed of, and the exposed surfaces finished with, materials that will permit the safe care of residents. Check for flamespread rating requirements in Standard Building Code.

(2) Floors shall have smooth, cleanable surfaces and shall be kept clean, in good repair, and free from hazards. If carpeting is used, it shall be cleaned regularly and repaired if torn. All possible safeguards shall be taken in the matter of floor covering and maintenance, such as the elimination of sliding rugs and waxed floors, so that the hazards of falling are minimized.

(3) Walls and ceilings shall be in sound condition and clean. No lead based paint shall be used.

(b) Draperies: All window draperies and curtains shall be fire retardant.

(c) Wastebaskets: All wastebaskets shall be of non-combustible materials.

(d) Handrails.

(1) Handrails shall be provided on all steps of two (2) steps or more, on stairways, and porches. All porches, walkways, and recreational areas (such as decks, etc.) which are elevated thirty inches (30") or more above grade shall have guardrails forty-two inches (42") high to prevent falls.

(e) Screens: Windows, doors and openings intended for ventilation shall be provided with insect screens.

(f) Glass Used in Windows.

(1) Where clear glass is used in windows, with any portion of the glass being less than eighteen (18") inches from the floor, the glass shall be of "safety" grade or there shall be a guard or barrier over that portion of the window. This guard or barrier shall be of sufficient strength and design so that it will prevent injury by stepping into or kicking the glass.

(2) All glass doors or sliding "patio type" doors shall have a decal applied at eye level.

(3) All glass windows and mirrors shall be free of cracks.

(g) Accumulation of Ice and Snow: Outside stairs, walkways, ramps, and porches shall be maintained free from accumulations of water, ice or snow.

(2) Resident Rooms

(a) Interpretation: A resident's room shall be interpreted as an area enclosed by ceiling high walls. No room in basements shall be used for residents. Each resident's room shall be an outside room with an outside window.

(b) Floor Area.

(1) The following floor space requirements are a minimum. The floor space is defined as usable floor space and does not include wardrobes, closets or entry alcoves to a room.

(a) Private room shall be at least one-hundred (100) square feet.

(b) Multibed room shall be at least eighty (80) square feet per bed.

(c) Each resident's room shall have a separate space and equipment, such as a desk and reading light, for each resident which is conducive for studying, if that resident is of school age.

(2) It is prohibited to require passage through a resident's bedroom in order to get to another resident's bedroom or to a toilet or bath area used by residents other than the resident or residents occupying the bedroom.

(c) Ceiling Height: Level ceilings in sleeping rooms shall not be less than seven (7'-0") feet high. In sleeping rooms with sloped ceilings, only the areas with vertical wall heights of five (5'-0") feet or more shall be included in the calculation of usable floor area. At least half of the usable floor space must have a ceiling not less than seven (7'-0") feet high.

(d) Beds.

(1) No facility shall have set up or in use at any time more beds than the number stated on the face of the license.

(2) Beds must be placed at least three (3'-0") feet apart.

(3) No resident's room shall contain more than four (4) beds.

(4) No child six (6) years old or older may share a bedroom with a person of the opposite sex.

(5) Each resident must have his/her own bed which has a firm mattress with moisture proof cover, linens, pillow and bed covering in good condition.

(6) The bed must be at least thirty-six inches (36") wide and seventy-two inches (72") in length. Cots, bunkbeds, or folding "temporary" beds are not permitted.

(7) Beds shall not be placed in corridors, solaria or other locations not designated as resident rooms.

(e) Window Area.

(1) Resident room window area shall be at least one-tenth (1/10th) of the floor area. At least forty (40%) percent of the required window area shall be operable for ventilation.

(2) Sill height cannot exceed forty (40") inches above finished floor.

(3) Flexible acrylic glazing may be substituted for glass if necessary for security. The ability to open the window to provide ventilation in an emergency may not be impaired by the acrylic glazing.

(4) Bathroom windows (if any) must be at least three (3) square feet.

(f) Storage Space (In Resident Room): Storage space shall be provided for clothing, toilet articles, and personal belongings of residents. A closet or wardrobe shall be provided for each resident.

(g) Privacy.

(1) All resident bedrooms and bathrooms shall have opaque doors for the purpose of privacy.

(2) Adjoining bedrooms connected by a doorway with no door shall be considered as one room.

(3) Work Station

(a) A Work Station shall be provided and shall not serve more than forty-four (44) beds.

(b) There shall be at or close by each work station a separate medicine preparation room with cabinet space for storage; work space for preparation of medicine and a sink.

(c) The work station shall contain at least a telephone, bulletin board, and adequate space for keeping resident's charts and space writing records and charts.

(d) A toilet with handwashing fixtures shall be provided nearby.

(4) Storage

(a) Each work station shall contain separate spaces for the storage of clean linen, wheel chairs and general supplies and equipment.

(b) At least ten (10) square feet per bed for general storage shall be provided.

(5) Laundry

(a) Facilities.

(1) If a laundry is provided at the facility, laundry fixtures (equipment) shall be located in an area separate from food preparation areas.

(2) A laundry shall provide insulation and ventilation to prevent transmission of noise, heat, steam, and odors to resident areas.

(3) The laundry area shall be divided into specific areas for soiled and clean linen with necessary walls and/or ventilation to prevent cross-contamination.

(b) Soiled Linen Storage.

(1) A soiled linen storage room shall be provided. This storage room shall be designed, enclosed and used solely for that purpose, and provided with mechanical exhaust to the outside.

(2) The soiled linen storage room shall be of one (1) hour fire-resistive construction with "C" labelled 3/4 hour fire-resistive door and have an approved automatic sprinkler unless contained in a separate building.

(6) Janitor's Closet

(a) A janitor's closet of a minimum of twenty (20) square feet shall be provided for each unit and main food preparation center. Each closet shall be equipped with a mop sink or receptor and space (shelves and brackets) for the storage of supplies and equipment.

(b) Janitor closets must be kept locked.

(7) Grounds

(a) There shall be sufficient outside recreational play area available as determined by the number and ages of the residents.

(b) The outdoor area shall be free of unprotected physical hazards.

(c) Playground equipment, such as climbing apparatus, slides and swings shall be firmly anchored.

(d) The facility and outside area shall be maintained in good condition and shall be clean at all times, free from accumulated dirt, trash, and rodent infestation. Garbage and outdoor trash containers shall be covered. Outdoor containers shall be emptied at least weekly.

(e) Outdoor areas deemed by the licensing authority to be unsafe, such as steep grades, cliffs, open pits, high voltage electrical equipment, high speed roads, or swimming pools must be enclosed by a fence or have natural barriers to protect the residents. Entrances and exits to fenced hazardous areas must be kept locked when not in use.

(f) Fenced areas which are part of a fire exit from the building must have a gate which is unlockable in case of emergency in the side of the area opposite from the building.

(g) Machinery rooms must be kept locked.

(8) Living/Recreation/Dining Areas

(a) Indoor areas where residents can go for quiet, reading, study, relaxation, entertainment or recreation must be provided.

(b) The living and recreational areas together shall provide a minimum of fifteen (15) square feet per resident, not including bedrooms, halls, kitchens, dining rooms, bathrooms, and any rooms not available to the residents.

(c) The dining area shall provide a minimum of fifteen (15) square feet per resident.

(d) Where a central dining room is used to serve more than one facility, it must be readily accessible to all residents of each facility and residents must be able to access the dining room through a heated corridor.

U. General

Conditions arising which have not been covered in these regulations shall be handled in accordance with the best practices as interpreted by the Department.

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